

EXAMINING H.R. 1786, THE JAMES ZADROGA
9/11 HEALTH AND COMPENSATION REAUTHOR-
IZATION ACT

HEARING
BEFORE THE
SUBCOMMITTEE ON HEALTH
OF THE
COMMITTEE ON ENERGY AND
COMMERCE
HOUSE OF REPRESENTATIVES
ONE HUNDRED FOURTEENTH CONGRESS

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¹ Dr. Howard did not answer submitted questions for the record by the time of printing.

EXAMINING H.R. 1786, THE JAMES ZADROGA 9/11 HEALTH AND COMPENSATION REAU- THORIZATION ACT

THURSDAY, JUNE 11, 2015

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON HEALTH,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC.

The subcommittee met, pursuant to call, at 10:17 a.m., in Room 2123 of the Rayburn House Office Building, Hon. Joseph R. Pitts (chairman of the subcommittee) presiding.

Members present: Representatives Pitts, Guthrie, Whitfield, Shimkus, Burgess, Lance, Griffith, Bilirakis, Long, Ellmers, Bucshon, Brooks, Collins, Upton (ex officio), Green, Engel, Schakowsky, Castor, Sarbanes, Luján, Schrader, Kennedy, Cárdenas, and Pallone (ex officio).

Also present: Representatives King, Maloney, Nadler, Donovan, and Clarke.

Staff present: Clay Alspach, Chief Counsel, Health; Gary Andres, Staff Director; Leighton Brown, Press Assistant; Karen Christian, General Counsel; Noelle Clemente, Press Secretary; Paul Edattel, Professional Staff Member, Health; Carly McWilliams, Professional Staff Member, Health; Katie Noraria, Professional Staff Member, Health; Tim Pataki, Professional Staff Member; Graham Pittman, Legislative Clerk; Adrianna Simonelli, Legislative Associate, Health; Heidi Stirrup, Health Policy Coordinator; Greg Watson, Staff Assistant; Christine Brennan, Democratic Press Secretary; Jeff Carroll, Democratic Staff Director; Waverly Gordon, Democratic Professional Staff Member; Tiffany Guarascio, Democratic Deputy Staff Director and Chief Health Advisor; Ashley Jones, Democratic Director of Communications, Member Services and Outreach; Tim Robinson, Democratic Chief Counsel; and Samantha Satchell, Democratic Policy Analyst.

Mr. PITTS. Ladies and gentlemen, if you will, if you will take your seats, we will begin. I would like to ask all of our guests today to please take their seats. The subcommittee will come to order. The Chair will recognize himself for an opening statement.

OPENING STATEMENT OF HON. JOSEPH R. PITTS, A REP- RESENTATIVE IN CONGRESS FROM THE COMMONWEALTH OF PENNSYLVANIA

Today's Health Subcommittee hearing will examine the World Trade Center (WTC) Health Program that was created in the

James Zadroga 9/11 Health and Compensation Act enacted in 2011. The Act allocated \$4.2 billion to create the Health Program, which provides monitoring, testing, and treatment for people who worked in response and recovery operations, as well as for other survivors of the 9/11 attacks. The authorization of the Health Program ends on September 30, 2015. Another part of the law, the September 11th Victim Compensation Fund, is under the jurisdiction of the Judiciary Committee. It will continue to accept applications until October 3, 2016, over a year after the Health Program authorization ends.

The WTC Health Program funds networks of specialized medical programs, and these programs are designed to monitor and treat those with 9/11-related conditions. For responders, The World Trade Center Medical Monitoring and Treatment Program; for survivors, the NYC Health and Hospitals Corporation WTC Environmental Health Center; for NYFD personnel, the Fire Department of New York Responder Health Program; the National Program, the WTC Health Program has a nationwide network of clinics with providers across the country for responders and survivors who live outside the New York City metropolitan area. These programs provide free medical services by health care professionals who specialize in 9/11-related conditions.

Our colleagues, Representatives Carolyn Maloney, Peter King, and Jerrold Nadler, have jointly introduced legislation, H.R. 1786, the James Zadroga 9/11 Health and Compensation Reauthorization Act, which reauthorizes the Act. This legislation has begun an important conversation that will lead to a timely and fully offset reauthorization of the Health Program.

Today's hearing will allow us to learn more about how the program is working and whether changes are needed. We will hear from the Director of the National Institute for Occupational Safety and Health, who is responsible for administering the program, as well as from the medical director of the Robert Wood Johnson Medical School, and 2 first responders who are enrolled in the World Trade Center Health Program.

Mr. PITTS. I look forward to the testimony today.

[The prepared statement of Mr. Pitts follows:]

PREPARED STATEMENT OF HON. JOSEPH R. PITTS

Today's Health Subcommittee hearing will examine the World TradeCenter (WTC) Health Program that was created in the James Zadroga 9/11 Health and Compensation Act enacted in 2011.

The Act allocated \$4.2 billion to create the Health Program, which provides monitoring, testing, and treatment for people who worked in response and recovery operations as well as for other survivors of the 9/11 attacks. The authorization of the Health Program ends on September 30, 2015. Another part of the law, the September 11th Victim Compensation Fund, is under the jurisdiction of the Judiciary Committee. It will continue to accept applications until October 3, 2016, over a year after the Health Program authorization ends.

The WTC Health Program funds networks of specialized medical programs. These programs are designed to monitor and treat those with 9/11-related conditions.

- For responders—The World Trade Center Medical Monitoring and Treatment Program;
- For survivors—NYC Health and Hospitals Corporation WTC Environmental Health Center;
- For NYFD Personnel—The Fire Department of New York (FDNY) Responder Health Program;

- The National Program—The WTC Health Program has a nationwide network of clinics with providers across the country for responders and survivors who live outside the New York City metropolitan area.

These programs provide free medical services by health care professionals who specialize in 9/11-related conditions.

Our colleagues, Reps. Carolyn Maloney (NY), Peter King (NY) and Jerrold Nadler (NY), have jointly introduced legislation, H.R. 1786—the “James Zadroga 9/11 Health and Compensation Reauthorization Act”—which reauthorizes the Act. This legislation has begun an important conversation that will lead to a timely and fully offset reauthorization of the Health Program.

Today’s hearing will allow us to learn more about how the program is working and whether changes are needed. We will hear from the Director of the National Institute for Occupational Safety and Health who is responsible for administering the program, as well as from the medical director of the Robert Wood Johnson Medical School and two first responders who are enrolled in the World Trade Center Health Program.

I look forward to the testimony today and yield the balance of my time to the gentleman from New Jersey, Rep. Leonard Lance.

[Bill H.R. 1786 appears at the conclusion of the hearing.]

Mr. PITTS. And I would like to yield the balance of my time to the gentleman from New Jersey, Representative Lance.

Mr. LANCE. Thank you, Mr. Chairman. It is my honor to welcome David Howley, a constituent of mine in New Jersey’s seventh congressional district, to the committee this morning.

David, thank you for making the trip from New Jersey to share your story, and advocate for those who cannot be with us today. We look forward to your testimony.

I first met David several months ago when he came into my office in Westfield, New Jersey, to discuss the bill before us today. And this Reauthorization Act is, I think, critically important. David has been a tremendous advocate for the legislation because, as he will detail in his testimony, he knows firsthand the importance of these programs for him and his fellow first responders and survivors.

David joined the New York Police Department in 1985, and served in various departments over his 21-year tenure. He is a third generation law enforcement official; following the tradition of his father and grandfather. He was serving in the NYPD Operations Division on September 11, 2001, and spent the next several months in the dust and rubble of Ground Zero.

I am proud to have David here with us today, and I am proud to be a cosponsor of this critical legislation.

It is my hope, Mr. Chairman, that we can work in a bipartisan fashion to move this legislation forward quickly, and I look forward to voting for it not only here and in full committee, but on the floor of the House of Representatives.

Mr. Chairman, I yield back the balance of my time.

Mr. PITTS. The Chair thanks the gentleman. And I also would note that some of our colleagues from the New York delegation who are not on the committee, but very concerned of this issue and sponsors of the legislation, have requested to sit on the dais, and we welcome them this morning.

At this point, the Chair recognizes the ranking member of the subcommittee, Mr. Green, 5 minutes for an opening statement.

**OPENING STATEMENT OF HON. GENE GREEN, A
REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS**

Mr. GREEN. Thank you, Mr. Chairman, for holding the hearing on this important program. I thank the witnesses today, and for the first responders in the audience who—for their bravery and service both on and after the tragic day of 9/11. Thank you for coming today to share your personal experiences and shed light on the significance of the World Trade Center Health Programs.

No one here can forget the horrific attacks perpetrated upon our country at the World Trade Center in New York, the Pentagon, and Washington, and at the field in Shanksville, Pennsylvania. During and after the attacks, tens of thousands of first responders, including police, firefighters, emergency medical workers, jumped into action to assist in rescue, recovery, and cleanup. As a result of their service, these responders were exposed to dust, smoke, toxins, such as pulverized concrete, fibrosis, glass, particulate matter, and asbestos. This exposure caused many of them to develop a spectrum of debilitating diseases, including respiratory disorders like asthma, skin, prostate, and lymphedema cancers. A GAO report on the 9/11 Health Program suggested that firefighters who responded to the attack “experienced a decline in lung function equivalent to that of which produced by 12 years of aging.”

In addition to the physical ailments these heroes now have, many have suffered post-traumatic stress syndrome, PTSD, depression, anxiety stemming from psychological trauma they experienced in the aftermath of the attack.

Nearly 1 decade after the September 11 terrorist attacks, the James Zadroga 9/11 Health and Compensation Act was signed into law in 2010. The Zadroga Act created the World Trade Center Health Program within the Department of Health and Human Services. The program provided evaluation, monitoring, and medical necessary physical and mental health treatments to first responders and certified eligible survivors of the World Trade Center-related illnesses. It has also established a network of Clinical Centers of Excellence and data centers. For these responders and survivors who reside outside the New York area, the Act created a national network of health providers who provide the same types of services for World Trade Center-related illnesses. While cancer was not originally listed among the statutory WTC-related health conditions, 60 types of cancer were added in 2012, after a petition by Members of Congress. As of May the 5th of this year, 37,000 members of the health program had cancer.

The Act also established the Victim Compensation Fund that provides compensation for harm suffered as a result of debris removal. Without action by Congress, funding for the current Health Program will terminate on September of 2016. The James Zadroga 9/11 Health and Compensation Reauthorization will reauthorize the critical World Trade Center Health Program and the Victim Compensation Fund.

As requires under the current program, New York City will continue to pay 10 percent of the total cost. It is important to note that WTC Health Program serves our heroes nationwide, and extends far beyond the New York area. Both these and currently enrolled and future enrollees live in all areas of the country. In fact, as of

August 2014, 429 of the 435 congressional districts were home to at least 1 9/11 responder or survivor.

We must not abandon those who bravely sacrificed their own wellbeing on behalf of the country in the wake of terrible attacks. We have a duty to serve our first responders and survivors and heroes with complex healthcare from 9/11. It is critically important that we support the James Zadroga 9/11 Health Compensation Reauthorization Act.

I would like to thank the first responders for their gallant and selfless service on and after 9/11. I would also like to thank the doctors and administrators of the program for their efforts to treat the complex illnesses afflicted on our first responders, and continued research on the impact of exposure to toxins and psychological trauma.

[The prepared statement of Mr. Green follows:]

PREPARED STATEMENT OF HON. GENE GREEN

Thank you, Mr. Chairman, for holding a hearing on this important program. I thank the witnesses today, and to the First Responders in the audience, for their bravery and service, both on and after, the tragic day of 9/11.

Thank you for coming today to share your personal experiences with the committee and shed light on the significance of the World Trade Center Health Programs. No one here can forget the horrific attacks perpetrated upon our country at the World Trade Center in New York, the Pentagon in Washington, and at a field in Shanksville, Pennsylvania.

During and after the attacks, tens of thousands of first responders—including police, firefighters, and emergency medical workers—jumped into action to assist in rescue, recovery, and clean up. As a result of their service, these responders were exposed to dust, smoke, and toxins, such as “pulverized concrete, fibrous glass, particulate matter, and asbestos.”

This exposure caused many of them to develop a spectrum of debilitating diseases, including respiratory disorders like asthma, and skin, prostate, and lymphedema cancers.

A GAO report on the 9/11 Health program suggested that firefighters who responded to the attack quote “experienced a decline in lung function equivalent to that which would be produced by 12 years of aging.” In addition to the physical ailments these heroes now have, many also suffer from Post-Traumatic Stress Disorder or “PTSD,” depression, and anxiety stemming from the psychological trauma they experienced in the aftermath of the attack. Nearly one decade after the September 11 terrorist attacks, the James Zadroga 9/11 Health and Compensation Act was signed into law in 2010. The Zadroga Act created the World Trade Center Health Program within the Department of Health & Human Services.

The Program provides evaluation, monitoring, and medically necessary physical and mental health treatments to first responders and certified-eligible survivors for World Trade Center-related illnesses.

It also established a network of Clinical Centers of Excellence and Data Centers. For those responders and survivors who reside outside the New York City area, the Act created a national network of health care providers, who provide the same types of services for World Trade Center-related illnesses. While cancer was not originally listed among the statutory WTC-related health conditions, 60 types of cancer were added in 2012 after a petition by members of Congress.

As of May 5 of this year, 3,700 members of the Health Program had cancer. The Act also established the Victim Compensation Fund to provide compensation for harm suffered as a result of debris removal. Without action by Congress, funding for the current Health Program will terminate in September 2016. The James Zadroga 9/11 Health and Compensation Reauthorization Act will reauthorize the critical WCT Health Program and VCF.

As required under the current program, New York City would continue to pay for 10 percent of the total program costs.

It is important to note that the WTC Health Program serves our heroes nationwide. It extends far beyond the New York area.

Both those currently enrolled and future enrollees live in all areas of the country. In fact, as of August 2014, 429 of the 435 Congressional Districts were home to at

least one 9/11 responder or survivor. We must not abandon those who bravely sacrificed their own well-being on behalf of country in the wake of the terrible attacks.

We have a duty to serve our first responders, survivors, and heroes with complex health needs from 9/11.

It is critically important that we support the James Zadroga 9/11 Health and Compensation Reauthorization Act. I thank the first responders for their gallant and selfless service on and after 9/11. I also want to thank the doctors and administrators of the program for their efforts to treat the complex illnesses afflicting our first responders, and continued research on the impact of exposure to toxins and psychological trauma.

Thank you, Mr. Chairman. I yield back.

Mr. GREEN. Mr. Chairman, if someone on our side of the aisle would like a minute, I would be glad to yield to them. I would like to yield to my colleague from New York.

Ms. CLARKE. I thank the ranking member of the subcommittee, as well as the chairman. And welcome our witnesses here today.

While not a member of this subcommittee, I am a member of the full Committee on Energy and Commerce. I am Congresswoman Clarke of New York. And I wanted to thank Chairman Pitts and Ranking Member Green for holding this hearing, and allowing me to sit in this very important hearing. Also want to thank our panelists. It is a—good that you have shared your experiences and remind America of the importance of renewing this very important program. This is a great first step toward reauthorization, in a time when the American people are skeptical about the work of Congress, so I am happy that this committee is working in a bipartisan fashion to move expeditiously to renew these important health programs. Congress must move forward to ensure first responders and survivors of the 9/11 terrorist attacks on the World Trade Center, the Pentagon, and Shanksville, Pennsylvania, continue to receive the care they deserve and they so sorely need.

With that, Mr. Chairman, Mr. Ranking Member, I yield back the time.

Mr. GREEN. Mr. Chairman, I yield back.

Mr. PITTS. The Chair thanks the gentleman.

Now recognize the chair of the full committee, Mr. Upton, 5 minutes for an opening statement.

OPENING STATEMENT OF HON. FRED UPTON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MICHIGAN

Mr. UPTON. Well, thank you, Mr. Chairman.

Now, back on September 11, '01, the world as we knew it was turned upside down by unthinkable acts of terrorism, which took the lives of nearly 3,000 individuals in New York, Pennsylvania, and Virginia, left a mark on every American. Every one of us was impacted. From the smoldering ruins of the Twin Towers and the Pentagon to the wreckage of United Airlines Flight 93, the painful images and heartbreaking personal stories of that day, every minute, will not be forgotten.

We remember the thousands of innocent lives lost and the communities of loved ones they left behind, and many of us met with those. We also honor the countless acts of heroism and leadership shown by brave American men and women in those hours of pandemonium and in the days, weeks, months, and now years that have followed. Then, for me, as chair of the Telecom Subcommittee on

this committee, I led a bipartisan delegation, both to New York and to the Pentagon, where we witnessed firsthand the valiant efforts of our first responders who were certainly exhausted, overwhelmed, but still working 24/7. First responders spent hours, days in air that was thick with dust and smoke, digging through the rubble, searching for survivors.

When I visited Ground Zero, New York's finest were still working round the clock in impossible conditions for the recovery efforts. Their selfless work took a toll on their health. We know that. The Federal Government provided aid to those individuals who were injured and the families of those who were killed in the attacks through a discretionary grant program, as we should.

In 2011, the Zadroga 9/11 Health and Compensation Act established the World Trade Center Health Program and the Victim Compensation Fund. Our ranking member, Frank Pallone, and our New York colleagues Representatives Carolyn Maloney, Peter King, and Jerry Nadler, have jointly introduced now H.R. 1786, the James Zadroga 9/11 Health and Compensation Reauthorization Act, which would reauthorize both of these programs.

At today's hearing, we are going to focus on the World Trade Center Health Program as it is the program that falls in this committee's jurisdiction. The authorization for the World Trade Center Health Program ends at the end of September, just a few months from now, while the Victim Compensation Fund remains open to applicants into October of 2016.

The WTC Health Program funds networks of specialized medical programs designed to monitor and treat those with 9/11-related conditions. The members enrolled in the program are not just from the greater New York area. In 2014, there were 71,942 individuals in the World Trade Center Health Program from 429 of the 435 congressional districts. In fact, there are 75 Michigan residents currently enrolled in the WTC Health Program. Today's hearing is, yes, an important opportunity to learn more about how the World Trade Center Health Program has operated since its authorization in, and what is needed for it to successfully operate and meet the needs of its members in the future.

I want to thank all of the witnesses today for taking the time to be here, especially thank Officer Howley and Detective Burnette for their service to our great country, and for sharing their personal stories and struggles with this subcommittee. The bill needs to be passed, and I will look to consider every effort to make sure that we get it to the House Floor prior to its—prior to the end of September so that we will have an opportunity to make sure that these victims are taken care of.

And I yield back the balance of my time.

[The prepared statement of Mr. Upton follows:]

PREPARED STATEMENT OF HON. FRED UPTON

On September 11, 2001 the world as we know it was turned upside down by unthinkable acts of violent extremism, which took the lives of nearly 3,000 individuals in New York, Pennsylvania, and Virginia—leaving a mark on every American. From the smoldering ruins of the Twin Towers and the Pentagon to the wreckage of United Airlines Flight 93, the painful images and heartbreaking personal stories of that day will not be forgotten. We remember the thousands of innocent lives lost and the communities of loved ones they left behind. We also honor the countless

acts of heroism and leadership shown by brave American men and women in those hours of pandemonium and in the days, weeks, and months that followed.

First responders spent countless hours in air that was thick with dust and smoke digging through the rubble, and searching for survivors. The conditions were very difficult and took a toll on their health. Because of this the Federal Government provided aid to those individuals who were injured or killed in the attacks through a discretionary grant program. In 2010 the Zadroga 9/11 Health and Compensation Act was signed into law which established the World Trade Center Health Program (WTCHP) and the Victim Compensation Fund (VCF). Our New York colleagues Reps. Carolyn Maloney, Peter King, and Jerrold Nadler have jointly introduced H.R. 1786, the “James Zadroga 9/11 Health and Compensation Reauthorization Act” which reauthorizes both of these programs.

At today’s hearing we will focus on the World Trade Center Health Program as it is the program that falls in our committee’s jurisdiction. The WTC Health program funds networks of specialized medical programs that are designed to monitor and treat those with 9/11-related conditions. The members enrolled in the program are not only from the greater New York area, but in 2014 71,942 members enrolled in the World Trade Center Health Program from 429 out of 435 congressional districts.

Today’s hearing gives us an opportunity to learn more about how the WTC Health Program has operated since its authorization in 2010 and what is needed for it to successfully operate and meet the needs of its members in the future. I would like to thank all of the witnesses for taking the time to be here today to discuss the WTC Health Program and I would like to specifically thank Officer Howley and Detective Burnette for their service to our great country and for sharing their personal stories and struggles with the subcommittee.

Thank you, Mr. Chairman, and I yield back the balance of my time.

Mr. PITTS. The Chair thanks the gentleman.

And now the Chair is pleased to recognize the ranking member of the full committee, a gentleman who has many constituents impacted by this issue, Mr. Pallone, 5 minutes for an opening statement.

OPENING STATEMENT OF HON. FRANK PALLONE, JR., A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW JERSEY

Mr. PALLONE. Thank you, Chairman Pitts, and also Chairman Upton. And I particularly want to thank Chairman Upton for the comments he just made, you know, highlighting how we need to perceive this as a national program, and impacting people who came and helped out on 9/11 and the aftermath from all parts of the country.

My staff probably is tired of my telling this story, but I remember within a few days after the attack, we went up to New York City with President Bush, and I was standing next to this big yellow fire engine that said Hialeah, Florida. And I said, what is this truck doing from Hialeah, because I think it was only 1 or 2 days after, and I wondered how it even got there so quickly. And I talked to the firemen from Hialeah, Florida, and they said, oh, we just—as soon as this happened, we just got in our fire truck and we drove up from Florida because we wanted to help. And it just struck me at the time about how so many people responded from all over the country, and so many people were injured because of the fact that they were there for a few days or a few weeks or a few months even.

So this bill is a critical first step in ensuring that the 9/11 Health Program is extended as soon as possible. As you both already know, this is one of my top priorities for 2015, and I am grateful

for Chairman Pitts and Upton for your willingness to work with us to ensure the timely passage of this bill.

I have to recognize all the first responders who are here, and to whom we owe a depth of gratitude. I also want to acknowledge Dr. Iris Udasin, who runs the New Jersey 9/11 Health Clinic. Thank you for being here to share your expertise and experience with us today. And let me also mention all the New Yorkers, Representative Maloney, the sponsor of the bill. I don't know if Representative Nadler is here, but certainly he has been involved from the beginning. Representative King I see, who joined the committee today, as well as our representatives, Yvette Clarke, Eliot Engel, and also my colleague from New Jersey, Leonard Lance, who is the cosponsor. Since day 1, you have all fought tirelessly to ensure that our Nation's 9/11 responders and survivors are cared for, and I am proud to fight alongside you.

Beyond the immediate loss of life of 9/11, we now know with great documentation that thousands of first responders and survivors of the attacks are now suffering debilitating illnesses from its aftermath, and in fact, more than 100 firefighters and 50 law enforcement officers have reportedly lost their lives to WTC-related health conditions. Additionally, more than 1,500 active duty firefighters and EMS personnel, and over 550 law enforcement officers were forced to retire due to WTC-related health conditions.

We now have a deep understanding of how the tons of dust, glass fragments, and other toxins released into the air affected both responders and survivors. Illnesses include respiratory diseases, gastroesophageal disorders, mental health conditions, and cancer. And that is why the James Zadroga 9/11 Health and Compensation Act, signed into law in 2011, is so critical. It established a program to monitor and screen eligible responders and survivors, and provides medical treatment to those who are suffering from World Trade Center-related diseases. But what is so important to note is that this program isn't there to provide health insurance. These are complicated conditions that are chronic in nature, and require special expertise to appropriately diagnose and treat. That is why the program includes a network of clinics and providers specifically trained to treat these diseases. It also ensures that providers and survivors bear no out-of-pocket costs associated with these particular health conditions.

The WTC Health Program currently provides monitoring and treatment services for more than 71,000 responders and survivors. They reside in every State, and in 429 of the 435 congressional districts. If some of you don't know, the law is named for James Zadroga, a New Jersey hero who responded on 9/11 and spent hundreds of hours digging through World Trade Center debris. Mr. Zadroga died in 2006 from pulmonary disease and respiratory failure after his exposure to toxic dust at the World Trade Center site. Like him, thousands of people from all over this country came to the aid of our country, and helped others at Ground Zero. Those responders and survivors should not be abandoned, and I hope we can extend the health program without delay.

[The prepared statement of Mr. Pallone follows:]

PREPARED STATEMENT OF HON. FRANK PALLONE, JR.

Thank you Chairmen Pitts and Upton for calling today's hearing. This is a critical first step in ensuring that the 9/11 Health program is extended as soon as possible. As you both already know, this is one of my top priorities for 2015, and I'm grateful for your willingness to work with me to ensure its timely passage.

Before I get started, I have to recognize all the first responders who are here and to whom we owe a debt of gratitude. I also want to acknowledge Dr. Iris Udasin, who I've known for many years, who runs New Jersey's 9/11 Health Clinic. Thank you for being here to share your expertise and experience with us today.

Lastly, let me recognize Reps. Maloney, Nadler, and King from New York, who have joined the committee today, as well as our Members Reps. Engel and Clarke. Since day one you have all fought tirelessly to ensure that our Nation's 9/11 responders and survivors are cared for. I'm proud to fight alongside you.

Beyond the immediate loss of life of 9/11, we now know, with great documentation, that thousands of first responders and survivors of the attacks are now suffering debilitating illnesses from its aftermath. In fact, more than 100 firefighters and 50 law enforcement officers have reportedly lost their lives to WTC-related health conditions. Additionally, more than 1500 active duty firefighters and EMS personnel and over 550 law enforcement officers were forced to retire due to WTC-related health conditions.

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That is why the James Zadroga 9/11 Health and Compensation Act, signed into law in 2011, is so critical. It established a program to monitor and screen eligible responders and survivors and provides medical treatment to those who are suffering from World Trade Center related diseases.

But what is so important to note, is that this program isn't there to provide health insurance. These are complicated conditions that are chronic in nature and require special expertise to appropriately diagnose and treat. That is why the program includes a network of clinics and providers specially trained to treat these diseases. It also ensures that providers and survivors bear no out of pocket costs associated with these particular health conditions.

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Like him, thousands of people, from all across this country, came to the aid of our country and helped others at Ground Zero. Those responders and survivors should not be abandoned. I hope we can extend the WTC health program without delay.

I yield the remainder of my time to Representative Engel.

Mr. PALLONE. I only have 30 seconds left for Mr. Engel, I apologize, but I yield to him.

Mr. ENGEL. Well, thank you. I thank the gentleman for yielding. And let me agree with everything you said.

In the aftermath of September 11, it is estimated that up to 400,000 Americans were exposed to copious amounts of smoke and toxic substances, such as asbestos, and as a result, many of our heroes now suffer from these debilitating conditions; acute respiratory disorders, cancer, depression, post-traumatic stress disorder, and it goes on and on. And it is heartbreaking that the 9/11 survivors and first responders who have already given so much must now carry the burdens of these lung ailments, brain, very least we can do in thanks is to help them.

So I was proud to be an original cosponsor of the James Zadroga 9/11 Health and Compensation Act, and I am proud to be an original cosponsor of the reauthorization we are discussing today. A

failure on Congress' part to pass this vital legislation would constitute an egregious affront to the Americans who gave so much on 9/11 in service to their country. And I specifically say Americans because the population of those who will benefit from this reauthorization spans the entire United States. It is 429 of the 435 congressional districts that benefit from these programs. So this is an issue of national performance. So the first responders who rely on the World Trade Center Health Program did not hesitate to risk their lives for fellow Americans on 9/11, and we should not hesitate to care for them now. So it is of critical importance that we permanently reauthorize the James Zadroga 9/11 Health and Compensation Act.

Thank you, Mr. Pallone. Thank you, Mr. Chairman.

Mr. PITTS. The Chair thanks the gentleman.

And as usual, all members' written opening statements will be made part of the record.

That concludes our time for opening statement. I have a unanimous consent request. I would like to submit the following documents for the record. Statements from Representative Peter King, New York, 2nd District, from the International Association of Firefighters, from the Sergeants Benevolent Association, from the National Association of Police Organizations, and an article from the New York City's Patrolman's Benevolent Association featuring Mr. David Howley.

Without objection, so ordered.

[The information appears at the conclusion of the hearing.]

Mr. PITTS. We have 2 panels today. On our first panel we have Dr. John Howard, Director, National Institute for Occupational Safety and Health. Thank you very much for coming today, Dr. Howard. Your written statement will be made part of the record. You will be recognized for 5 minutes to make your opening statement. At this time, you are recognized. Welcome.

STATEMENT OF JOHN HOWARD, M.D., DIRECTOR, NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

Dr. HOWARD. Thank you, Mr. Chairman, and distinguished members of the committee. My name is John Howard, and I am the administrator of the World Trade Center Health Program. I am very pleased to appear before you today to discuss the program and those it serves, who responded to or survived the September 11, 2001, terrorist attacks on New York City, and those who responded at the Pentagon and in Shanksville, Pennsylvania.

The program's members responded to an epic disaster, and as a result, suffer mental and physical injury, illness, and the risk of premature death. The program's members responded to the 9/11 disaster from all 50 States, and as has been stated, from 429 of the 435 congressional districts. The original effort to care for those affected by 9/11 toxic exposures operated as a series of cooperative agreements and grants. As a discretionarily funded program, it depended on year-to-year appropriations, making it challenging to plan adequately to—for the members' ongoing health needs. In January 2011, as has been stated, the James Zadroga 9/11 Health and Compensation Act became law. Stabilization of funding allows the program to more adequately care for 9/11 responders. In cal-

endar year 2014, of the 71,942 current members enrolled in the program, 20,883 members received treatment for health conditions arising from hazardous exposures from 9/11, and 28,059 members received health monitoring to ensure early medical intervention for any developing health condition that is specified for coverage by the program.

Since the program's implementation, members have been treated for a number of different health conditions. For example, 11,473 members have been treated for asthma, 6,672 members have been treated for post-traumatic stress disorder, and 6,497 members have been treated for chronic respiratory disorders. The majority of our members suffer from multiple mental and physical health conditions, and take multiple medications for these conditions. Certain types of cancer were added to the list of health conditions covered by the program in late 2012. Since then, the program has certified 4,265 cases of cancer.


The World Trade Center Health Program fills a unique need in the lives of our members and for our society. First, members are evaluated and treated by medical providers who have a depth of experience dating back to September 11, 2001, and the physical and mental health needs of 9/11 responders and survivors they are very familiar with. Their extensive clinical experience with the responder and survivor populations, as well as their understanding of the role of exposure in causing disease, exceeds the training of providers unfamiliar with the types of exposures and health conditions common to the 9/11 population, and how to make the connection between exposure and illness that the Zadroga Act requires.

Second, our members are receiving health care that cannot be provided, or only provided with great difficulty, by other types of insurance plans. For example, health insurance plans do not routinely cover work-related health conditions, leaving such coverage to Workers' Compensation insurance. However, Workers' Compensation insurance often presents coverage challenges to members because their 9/11 health conditions often first manifest after 9/11, many years later, beyond the statute of limitations found in most State Workers' Compensation laws. The World Trade Center Health Program serves a vital role in overcoming the difficulties that members might otherwise experience in its absence. Without the program, 9/11 responders and survivors might end up in limbo instead of in treatment.

Third, by providing evaluation and treatment for those most affected by 9/11 as a unified cohort, the program greatly aids not only the individual members, but also our national understanding of the long-term health effects of 9/11, including its effects on children. The program helps us better prepare for the medical needs arising from large-scale, long duration disasters that might not, hopefully, occur ever in the future.

Thank you for the opportunity to testify, and I am happy to answer any questions you may have.

[The prepared statement of Dr. Howard follows:]

	<p>Testimony Before the Subcommittee on Health Energy and Commerce Committee United States House of Representatives</p>
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**Examining H.R.1786, The James Zadroga 9/11
Health and Compensation Reauthorization Act**

Statement of

John Howard, M.D.

*Director, National Institute for Occupational Safety and Health
Administrator, World Trade Center Health Program
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services*



For Release on Delivery
Expected at 10:15 a.m.
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Good morning, Mr. Chairman, and other distinguished members of the Subcommittee. My name is John Howard, and I am the Administrator of the World Trade Center Health Program—a program of the National Institute for Occupational Safety and Health (NIOSH) in the Centers for Disease Control and Prevention (CDC) of the Department of Health and Human Services.

I am pleased to appear before you today to discuss the World Trade Center Health Program, and those who responded to, or survived, the September 11, 2001, terrorist attacks on New York City; and those who responded at the Pentagon and in Shanksville, Pennsylvania.

The World Trade Center (WTC) Health Program's members responded to an epic disaster and, as a result, suffered mental and physical injury, illness, and premature death. The Program's members responded to the 9/11 disaster from all 50 states and from 429 out of 435 Congressional districts.

The original health program began seeing patients soon after September 11th and operated as a series of cooperative agreements or grants from the National Institute for Occupational Safety and Health. As a discretionary grant program, it was based on year-to-year appropriations – making it challenging to plan adequately for the members' ongoing health needs.

In January 2011, the Program was provided mandatory funding when the Congress passed and President Obama signed into law the James Zadroga 9/11 Health and Compensation Act of 2010. As required by the Zadroga Act, the new World Trade Center Health Program was established in July 2011. This funding allows the Program to more adequately plan and carry out the Congress' intent, as specified in the Zadroga Act, to care for responders and survivors of the September 11, 2001, terrorist attacks.

In Calendar Year 2014, of the 71,942 members enrolled in the World Trade Center (WTC) Health Program, 20,883 members received treatment for health conditions arising from toxic and other hazardous exposures resulting from the terrorist attacks of September 11, 2001, and 28,059 members received health evaluations and monitoring to ensure early medical intervention for any developing health condition that is specified for coverage in the WTC Health Program.

Since the Program's implementation in July 2011, 11,473 members have been treated for asthma, 6,672 members have been treated for post-traumatic stress disorder (PTSD) and 6,497 members have been treated for chronic respiratory disorders. The majority of our members suffer from multiple mental and physical health conditions and take multiple medications for these conditions.

Certain types of cancer were added to the list of health conditions covered by the Program in late 2012. Since then, the Program has certified 4,265 cases of cancer among member responders and survivors.

The World Trade Center Health Program fills a unique role in the lives of our members and in our society.

First, our members are evaluated and treated by medical providers who have a depth of experience with the physical and mental needs of 9/11 responders and survivors dating back to September 11, 2001. Their extensive clinical expertise with the responder and survivor populations, as well as their understanding of the role of exposure in causing disease, exceeds the understanding of providers unfamiliar with the types of exposures and health conditions common to the 9/11 population. Our members have mental and physical health conditions that are difficult to treat, but have had a trusted relationship with their doctors at the Program's Clinical Centers of Excellence for over a decade. This allows the Program to ensure that timely, specialized care is provided to Program members.

Second, our members are receiving health care that cannot be provided, or only provided with great difficulty, by other types of health insurance plans. For example, health insurance plans do not routinely cover work-related health conditions, leaving such coverage to workers' compensation insurance. However, workers' compensation insurance often presents coverage challenges

for our WTC Health Program members because their 9/11-related health conditions often first manifest years after 9/11. The WTC Health Program serves a vital role in overcoming the difficulties that members might otherwise experience in its absence. Without the Program, our 9/11 responders and survivors might end up in *limbo*, rather than in treatment.

Third, I would mention the value of the World Trade Center Health Program beyond the direct benefits to its members.

By providing evaluation and treatment for those most affected by 9/11 as a single cohort, the Program greatly aids not only the individual members, but also our national understanding of the long-term health effects of 9/11, including its effects on children. The Program helps us better prepare for the medical needs arising from large-scale disasters that might occur in the future.

Finally, without the WTC Health Program, there would simply be a less coordinated system of care for responders and survivors made sick by the September 11, 2001, terrorist attacks.

Thank you for the opportunity to testify. I would be happy to answer any questions you may have.

Mr. PITTS. The Chair thanks the gentleman, and I will begin the questioning and recognize myself 5 minutes for that purpose.

Dr. Howard, would you continue to elaborate a little bit on the history of the World Trade Center Health Program, how it came to be, how it has changed over time?

Dr. HOWARD. Thank you. The program started as a—an immediate response to what doctors were seeing, especially with the New York City Fire Department, in what was called at that time a World Trade Center cough, and those doctors and others that were recruited to the effort began to observe that individuals who were responding were becoming ill from inhalation of the dust and the toxins contained in the dust. So immediately, through FEMA appropriations, CDC and then the National Institute for Occupational Safety and Health, was able to offer grants and cooperative agreements so that those doctors could begin now many, many years later, their first work in trying to articulate, characterize the issues that responders were facing, and survivors.

Mr. PITTS. Another question: What are the consequences of letting the World Trade Center Health Program expire in September of 2015? How would it affect the operation of the Centers of Excellence across the country, and the patients who use these facilities and services?

Dr. HOWARD. Certainly, any of us that receive health care from a particular health plan, if we are notified that that plan no longer exists, creates great stress in our life. We have to adjust to new providers and other changes. Our efforts to help those who may be a part of our discontinued program, let's hope that does not happen, would have to receive other providers of care, and it would be our responsibility to make sure they did.

The Centers of Excellence would not operate anymore as a coordinated care operation for responders and survivors.

Mr. PITTS. Thank you. Now, we are aware that Special Master Sheila Birnbaum administers the Victim Compensation Fund, which is housed at the Department of Justice. Is there coordination between the operations of the Victim Compensation Fund and the World Trade Center Health Program?

Dr. HOWARD. Yes, sir, there is. We have data sharing and medical review agreements with the Victim Compensation Fund. We regularly meet with the staff. Our staff is embedded with their staff to assist in the medical review. The Victim Compensation Fund has adopted our program requirements for their medical review. To date, we have provided information to them on 18,262 of their VCF claimants. We continue to work very closely with the Victim Compensation Fund.

Mr. PITTS. How much higher is the Federal Employees Compensation Act, FECA, compensation rate compared to Medicare Parts A and B reimbursements for hospitals?

Dr. HOWARD. The statute—the Zadroga Act sets the reimbursement rate according to the Workers' Compensation rates of the Federal Government, the FECA rates. Medicare rates are lower, but maybe by 10 to 20 percent lower. So they are a—the FECA rates are higher and our reimbursement rates for providers are higher than Medicare.

Mr. PITTS. Dr. Howard, I can imagine that it is a logistical challenge to provide care for the responders and survivors who are scattered all across the country. What can you do to ensure that a physician in another part of the country, seeing only a few World Trade Center patients, benefits from the clinical experience of the physicians in the New York metropolitan region who have more experience treating these WTC-related health conditions?

Dr. HOWARD. The Nationwide Provider Network that we have, which is currently seeing about 8,287 individuals, we have total coordination with that provider network. On the one hand, all of those individuals who do monitoring for our survivors and responders that are in the nationwide program are trained—occupationally trained physicians so that they are equivalent to the physicians that we have in our Centers of Excellence in New York and New Jersey. We also provide them with additional training. We are working with Medscape right now to have online training available for all of our providers. We work with the—our contractor, LHI, which has the Nationwide Provider Network, and that physician, their medical director, sits in all of our groups and committees, and we engage actively with those physicians. So I would say that for our relationship with the Nationwide Provider Network, those physicians are on par with our physicians at the CCEs.

Mr. PITTS. Good. Thank you very much. My time has expired.

The Chair now recognizes the ranking member of the subcommittee, Mr. Green, 5 minutes for questions.

Mr. GREEN. Dr. Howard, prior to the passage of the James Zadroga 9/11 Health and Compensation Act of 2010, you administered the CDC grant program that funded medical monitoring and treatment services for 9/11 survivors and responders. That program was funded through discretionary dollars, and there is always uncertainty about whether and what amount of discretionary funding would be appropriated for the grant program.

Dr. Howard, can you describe how the creation of the World Trade Center Health Program, through the Zadroga Act, has improved your ability to ensure that responders and survivors get the quality medical services that they need?

Dr. HOWARD. Thank you. I would respond in 2 ways. One, on behalf of the members, it is very stressful to constantly be told on a year-by-year basis that your care may go away, your doctor and the institution, the facility that you go to, may change. So it created a pervasive sense of stress. Mind you, in our population, we have many thousands of individuals that suffer from PTSD, and some highly resistant PTSD, and I am sure that if they were here with me, they would say how stressful year-by-year funding is to the program.

From the administrative perspective, it is very difficult because we were always up to the last minute, thinking should we start preparing for the program not to be funded, and that was certainly something that we did not want to happen, but it requires a long process of preparation. So we were never sure about that.

Mr. GREEN. So the dedicated mandatory fundings helped you not only plan better, but also the reaction from the patients.

Dr. HOWARD. It is like night and day. When the Zadroga Act passed, I think all of us, members and us that were administrating

the program, breathed a sigh of relief that we had 5 years. We never had that before.

Mr. GREEN. OK. The James Zadroga 9/11 Health and Compensation Reauthorization would permanently extend the program. Could you explain how a permanent extension of the program would ensure that responders and survivors have that peace of mind? You talked about that medical monitoring and treatments it is—they come to rely on will continue to meet their needs.

Dr. HOWARD. Well, as I say, I think that the assurance of having the same provider, especially for our patients that suffer from very serious mental and physical conditions, is a peace of mind that can only be bought from mandatory funding without a—an end date. For us in the program, it really helps us do long-term strategic planning. It is very hard to do contracts when you can only provide a year or 2, or 5 years, but being able to look beyond that 5-year horizon is extremely helpful for the efficiency and the integrity of the program.

Mr. GREEN. It seems the patients enjoy a great deal of understanding from the providers—the doctors and providers in the program. How do you think this affects the patient outcomes?

Dr. HOWARD. Without doubt, the providers that I first met in August of 2002, when I became first involved in this program, are the very same providers that I see now in June of 2015. Their dedication to this population has been worthy of note.

Mr. GREEN. So the doctor-patient relation is important because of the continuation of the program.

Dr. HOWARD. The trust that our members have to the providers that we are fortunate to have cannot be duplicated anywhere else.

Mr. GREEN. Do you think continuing the program is so important it—to ensuring the same level of knowledge and expertise?

Dr. HOWARD. Very definitely. Our providers have a wealth of clinical information that other providers would take them years to develop.

Mr. GREEN. OK. Thank you, Mr. Chairman. I yield back my time.

Mr. PITTS. The Chair thanks the gentleman.

Now recognize the vice chairman of the subcommittee, gentleman from Kentucky, Mr. Guthrie, 5 minutes for questions.

Mr. GUTHRIE. Thank you, Mr. Chairman. Thank you, Dr. Howard, for being here.

And I spent, I guess, 6 years of my life in college and grad school in metro New York, and one of my favorite things to do back when I was an undergrad is use the USO, and spent a lot of time at the USO off Times Square. There was always uniformed public servants there, and it was always enjoyed getting to know and talk to them. I am a talker, so I engaged with them, and what a great service that people feel.

You had—actually I wasn't going to go this direction, but I think it is important to talk about, and it has opened my eyes a little bit in what you said. I will kind of emphasize or maybe go a little bit further. You know, I live in Bowling Green, Kentucky, so where we take care of our servants as well as—if a fire—if there is a fire, someone goes into the firehouse and they get injured or whatever, you know, we have assistance in place to—disability, insurance and so forth. And so I think a lot of us that aren't, you know, in New

York continuously and the surrounding areas, like some of my friends here, is that, you know, are the programs already in place, and so what you have hit on today is probably the first time I have thought of it. I know it is unique in the massiveness of it, but why is it unique in terms of other injuries that people might receive in other—that requires its own system, other than just the volume. But—so could you hit the challenges, because that—because you have opened my eyes to some things today, and hit the challenges that—you have already kind of said, but emphasize why this is completely unique, that needs its own program, why diseases are different than if you were in a normal or

a—well, I don't know if normal is the right word, but a more standard, I guess, kind of situation that firefighters or other people would be in?

Dr. HOWARD. I would be happy to. And I think the best way to answer that question is by looking at some of the findings that we have gotten from the investment that the Act has allowed us to make in research, looking at this population and the conditions. And I will just mention a few issues. On the mental health issue, we have seen a delayed onset of PTSD. Now, that is not normally seen in other types of situations. That is something that we are seeing in this population. It is—we have also seen a worsening of PTSD despite conventional treatments. So that is something that is new in this population. In terms of respiratory disease, we are seeing an onset of obstructive airways disease beyond 5 years after exposure. We are also seeing bronchial hyper-reactivity persist over a decade, and that is something new. In terms of asthma, we have seen patients in our program who have asthma, who have lost full-time employment because of their asthma, more than we have seen in the general asthmatic population.

So there are a number of findings that we are seeing from a clinical perspective in this population that we would never have learned had we not had the group together.

Mr. GUTHRIE. If it was just normal Workers' Comp or other things. And so I want to get to another thing. So you said there are 71,000 people in the program. How do you—what are the criteria—do you have—did you have to be on-site for so many days, or I mean—

Dr. HOWARD. Well—

Mr. GUTHRIE [continuing]. Or did you have to actually be in the rubble, or are you—

Dr. HOWARD. The simple answer—

Mr. GUTHRIE [continuing]. Blocks away, I mean what is the—

Dr. HOWARD. The simple answer is that the Zadroga Act is highly specific about the criteria for eligibility in the program. And it includes for—let's say for New York City police officers—location, the duration of their exposure, and other factors. So eligibility criteria are pretty well spelled out in the Act.

Mr. GUTHRIE. What about the non-public safety personnel that can be in the program?

Dr. HOWARD. Right. There are criteria for eligibility for volunteers that came from all over the country to volunteer as responders. Similarly, in the section of the Act that has to do with survivors, there are eligibility—5 levels of eligibility requirements for

survivors. So if someone comes to our program, wants to be a member, the first step is filling out an application in which they—a lengthy application, unfortunately, I might add, in which all of that information is solicited so that we can establish whether or not their experience meets the eligibility requirements of the Act.

Mr. GUTHRIE. And I think some concerns, as we debated before, I just want to emphasize this, is that anywhere in terms of health care and people getting the care whatever they deserve, I think—I know I remember asking the question, why such a separate, unique program, and you have given me some really good things to think about, so I really appreciate it very much.

Appreciate it and I yield back.

Dr. HOWARD. Thank you.

Mr. PITTS. The Chair thanks the gentleman.

And now recognize the ranking member of the full committee, Mr. Pallone, 5 minutes for questions.

Mr. PALLONE. Thank you, Mr. Chairman.

Dr. Howard, the World Trade Center Health Program relies on Clinical Centers of Excellence to provide most of the monitoring and medical care through the program, and those centers employ clinicians that have both the specialized knowledge base and deep experience in treating the unique physical and mental health needs of 9/11 responders. And I know you have already talked about this, I am kind of following up on what Mr. Guthrie said. I know that patients in the New York City metropolitan region continue to see their personal physicians for their general health care needs, but often obtain monitoring and treatment services for their conditions at these centers. And I also understand that, you know, if somebody is in another part of the country they can go to a network of doctors that are provided through the program. But some of them also come to the centers. I know that at the New Jersey centers we get people from all over the country that will travel just because of the expertise that exists.

So if you could just comment on the treatment benefits of individuals using these centers rather than their personal physicians for their 9/11-related health conditions, or even, you know, traveling when they can see someone who is part of the WTC network, they could come to the centers.

Dr. HOWARD. Yes, I would be happy to. And I think it boils down to the difference in physicians in terms of their expertise, as you said. Occupational and environmental physicians who are schooled in that particular subspecialty know how to connect an exposure with a health condition. When I went to medical school, I did not learn that. I learned how to take care of a health condition; I didn't learn to go back and do an extensive history to try to figure out what were your exposures, and was that exposure related to this health condition that I see. That is a specialty of occupational and environmental medicine where we try to correlate the exposure and the health condition.

So physicians that are—that we use both in the CCEs that are—have been involved since 2001, and in the Nationwide Provider Network, have that capability. Physicians that don't have that capability would not be able to listen to the patient's symptoms and be able to say, yes, your exposure—I am going to make a deter-

mination that your exposure caused that health condition, or contributed to that health condition, or aggravated that health condition.

Mr. PALLONE. All right. I am trying to speed up here because I wanted to ask you——

Dr. HOWARD. Right.

Mr. PALLONE [continuing]. A few more things. Have there been any problems with misdiagnosis or improper treatment of 9/11-related health conditions when individuals have relied on their personal physicians?

Dr. HOWARD. Not that I am aware of.

Mr. PALLONE. OK.

Dr. HOWARD. Within the program, of course, we have a quality assurance where we look at all of the care that is——

Mr. PALLONE. OK. And can you just discuss briefly how the Clinical Centers of Excellence coordinate the care delivered to responders and survivors at the centers, with care delivered by their personal medical providers outside the centers, briefly?

Dr. HOWARD. Sure. As many of you know, the World Trade Center Health Program is a hybrid program. It is not your normal health plan where you go in and everything that you may complain about relative to your body, a physician takes care of. We have a limited number of conditions. So many conditions we don't cover, so you have to see an additional physician, your personal physician. So that coordination is done in the CCEs so that if those CCE physicians see a condition that we do not cover, then appropriate referral is made.

Mr. PALLONE. OK. Now, let me just—I am going to try to summarize this last question. My concern, obviously, is that I don't want this program terminated before we have an opportunity to reauthorize it, and that is why we are having this hearing and trying to move quickly. But in preparation, you know, if reauthorization legislation is not signed into law by September of next year, the program is terminated. And in preparation for termination, or possible termination, I understand that HHS has certain notice requirements you would have to follow. Can you just tell us, you know, what you would have to do? I mean, obviously, this isn't what we want to happen, but I want to stress that, you know, there is always that danger.

Dr. HOWARD. Well, it would be a nightmare for me personally, and it would be a nightmare for our members, it would be a nightmare for our CCE physicians. You cannot abandon a patient ever as a care provider. So we must ensure that that patient is taken care of somewhere, and finding a place for each of our 71,942 members would be a gargantuan task.

Mr. PALLONE. And there are notice requirements. How—when——

Dr. HOWARD. Yes. We have to inform our patients ahead of time that this may happen, even though we may not be sure that it is happening, and certainly when it happens, and all of the efforts that we can make to help them support their efforts in finding additional——

Mr. PALLONE. But when does that process begin? Like do you have a term notice requirement?

Dr. HOWARD. Well, the 90-day time limit is sort of an unwritten notice requirement now. It can vary State by State because these are often State laws, but we have to go back and look—since we have members from every State, we would have to look at every State's abandonment requirements.

Mr. PALLONE. All right. Thank you very much.

Thank you, Mr. Chairman.

Mr. PITTS. The Chair thanks the gentleman.

Now recognize the gentleman from Kentucky, Mr. Whitfield, 5 minutes for questions.

Mr. WHITFIELD. Well, thank you very much. And, Dr. Howard, thank you for being with us this morning.

I want to just follow up briefly. When we think about health care systems, frequently people all work with some company that provides health care, or with Medicare, you have to be over a certain age, and Medicaid, income below, the trio of Tricare. So here, the common element is people from around the country, whether emergency responders or volunteers, came to respond to this emergency in New York, this disaster on 9/11. And you touched on the criteria. I think you have indicated there are 71,000-plus members enrolled in this program. And is it still eligible—if I am someone that worked there during that time, would I still be able to enroll today if I am not enrolled right now?

Dr. HOWARD. Yes, sir, you would be. And we hope that anyone listening who is not enrolled in our program, who may be eligible, will call our eligibility line and sign up for our program.

Mr. WHITFIELD. OK. And I won't get into the details, but the criteria for eligibility, I am assuming you had to have been there X-days and—is that correct?

Dr. HOWARD. Right. They are very detailed eligibility requirements spelled out in the Act itself.

Mr. WHITFIELD. And does your office make the decision on whether or not a person is eligible or not?

Dr. HOWARD. Yes, sir.

Mr. WHITFIELD. OK. Now, of the patients that you are caring for right now, what percent of them would you say—or maybe you don't have this information—had an insurance program already, they were already covered under?

Dr. HOWARD. Well, first of all, even if you had health insurance—

Mr. WHITFIELD. Right.

Dr. HOWARD [continuing]. As a responder, you would not be able to use that insurance because health insurance does not cover work-related issues. For instance, if you have ever gone in for an MRI or a CT scan, at the bottom of that form it will say, "Is this a result of an auto accident, is this a result of a work accident?" If it is, the health insurer will not pay for it; they will refer you to other insurances. For survivors, then health insurance could be an issue, and then we recoup as much as we can—

Mr. WHITFIELD. Um-hum.

Dr. HOWARD [continuing]. From the health insurer.

Mr. WHITFIELD. Well, what percent would have been covered under, say, the Workers' Compensation Program?

Dr. HOWARD. Well, theoretically, work-related injuries and illnesses would all be covered, but there are great difficulties for responders in accessing Workers' Compensation benefits because oftentimes their condition, not the original conditions where, on the event, someone had an acute injury and it happened within a short period of time, but some of our diseases in our program, their onset are years later, and a lot of statutes draw a line——

Mr. WHITFIELD. Um-hum.

Dr. HOWARD [continuing]. And say no——

Mr. WHITFIELD. Um-hum.

Dr. HOWARD [continuing]. That is beyond our statute of limitations, we will not cover something that started——

Mr. WHITFIELD. Um-hum.

Dr. HOWARD [continuing]. Five years later. So many of our members are in that situation.

Mr. WHITFIELD. So would it be unusual that Workers' Comp may pick up part of it and then this program would pick up—sort of playing a supplemental role, or——

Dr. HOWARD. It is not unusual. It is—many of our members have had Workers' Compensation benefits given, and we are in the process of recouping——

Mr. WHITFIELD. Right.

Dr. HOWARD [continuing]. From Workers' Compensation.

Mr. WHITFIELD. Um-hum.

Dr. HOWARD. But it is not the majority, or even near the majority of our members.

Mr. WHITFIELD. Um-hum. We know some people have indicated early on, I remember when there was first discussion about this, that this was sort of a unique program, but I know that there are health programs in effect for employees at Savannah River, Paducah, Oak Ridge, and so forth, which is kind of similar to this because those workers were exposed to certain elements many of them were not even aware of, and they came down with a lot of different cancers. And so those programs are similar to this program, would you say?

Dr. HOWARD. Yes, sir. And, in fact, we administer the Energy Employees Occupational Illness Compensation Program, together with the Department of Labor and the Department of Energy. It is a program that bears a lot of similarities to our program at the World Trade Center.

Mr. WHITFIELD. Yes. And so if you worked at the World Trade Center and you are covered, and you have 1 of, say, 12 or 14 illnesses that you all have set out, is there a presumption that, since you were there and exposed, that you would be covered under this program?

Dr. HOWARD. Not a presumption. A physician, not in the administration of the program, but in our Centers of Excellence, would examine you, take your history, and make the connection between the exposure history that you give that physician and that health condition, and they and they alone say I think the 2 are connected.

Mr. WHITFIELD. Right. Well, thank you very much for the great job you do at NIOSH.

Dr. HOWARD. Thank you.

Mr. PITTS. The Chair thanks the gentleman.

Now recognize the gentleman from Oregon, Mr. Schrader, 5 minutes for questions.

Mr. SCHRADER. My questions have been answered, Mr. Chairman. Thank you.

VOICE. Ms. Castor.

Mr. PITTS. All right, then the Chair recognizes the gentlelady, Ms. Castor, 5 minutes for questions.

Ms. CASTOR. I want to thank you, Mr. Chairman, for calling this hearing. And I would like to thank all of the first responders and survivors, and the medical professionals who take care of them, for traveling here to Capitol Hill to encourage the Congress to provide some continuity and certainty in the World Trade Center Health Program. I would like to thank my colleagues, especially from New Jersey and New York, Congressman Pallone and Congressman Lance, you all have been champions on this committee for this endeavor, along with Congresswoman Clarke and Congresswoman Maloney, I see Congresswoman King I think was still here, and the entire New York delegation, especially.

I strongly support the James Zadroga 9/11 Health and Compensation Reauthorization Act because it will provide that important certainty and continuity of care from this point forward. And when you—it is interesting to see the list and understand that there are first responders and survivors from the World Trade Center terrorist attacks all across America now. And Florida comes in right behind New York and New Jersey. So it will be very important, and I think that the folks that I represent back home will be strongly in support of taking care of their neighbors who were there on September 11, and the weeks, months, and years afterwards. It is vital that we continue this specialized care for all of our neighbors, and all of the brave folks who were there on September 11.

So, Dr. Howard, thank you for being here today. One of the important parts of the World Trade Center Zadroga Health Initiative that often gets overlooked is the funding provided for research into 9/11-related health conditions. Between fiscal year 2011 and 2014, the program funded 35 projects to investigate questions about 9/11 related to physical and mental health conditions. Could you provide examples of the research that has been funded by the Zadroga Act?

Dr. HOWARD. I would be happy to. We are very grateful for the original drafters of the legislation to provide money for research into the health conditions that our members face. And as I mentioned before, we have already learned quite a bit from that research. And I would like to highlight just one aspect of it, in addition to mental health and respiratory and cardiovascular, and our cancer research, our research in autoimmune diseases and others, is the research that we have done on individuals who were children at the time of 2001 attacks. There were a number of elementary schools and Stuyvesant High School, for instance, that were immediately impacted. And we have a number of those projects that are going on now, about 7 that are funded, and we are learning the effect—effects on developmental issues in the children's population. To date, we have funded \$88.5 million worth of research, and we have a significant body of research that is published in peer review journals. The World Trade Center Registry alone has published

about 60 papers, and our various clinical researchers at our clinical centers have published the other papers. Our pivotal papers in cancer, autoimmune diseases, asthma, and other respiratory disorders have allowed us to provide better care, more focused care for our members.

Ms. CASTOR. And are these—the results of the research, are they disseminated in an organized way to the providers and the families so that they have access—

Dr. HOWARD. Yes.

Ms. CASTOR [continuing]. To all of that information?

Dr. HOWARD. We have membership newsletters that highlights various findings that we have from research so that they know. All of our papers are published on our—on the World Trade Center Health Program's Web site. And, of course, these are all peer reviewed publications so they appear in the science journals. And I am happy to say that the New York media picks up on those papers and reports them probably more effectively and more widely than we can on our Web site.

Ms. CASTOR. So if the Zadroga Act is not reauthorized, will these research efforts come to an end, and explain to me why that would be harmful?

Dr. HOWARD. They would cease altogether, and we would lose one of, I think, the most important advantages to the program to our society, is looking at the long-term health effects from 9/11.

Ms. CASTOR. OK. And you testified earlier that health conditions often manifest themselves years later. The Zadroga Act provided funding for outreach efforts to individuals who may be eligible. We are now several years into the existence of the program, and you have successfully enrolled more than 71,000 responders and survivors. It seems to me that in addition to outreach, the continuity of care and retention of members will be important to protecting the health moving forward. That is why the Reauthorization Act here clarifies that funding may be used for continuity of care and retention. Give me your opinion on why efforts on continuity of care and retention of members will be important moving forward.

Dr. HOWARD. Well, as you say, you know, our program overall, since its inception in July of 2011 with the Zadroga Act, has grown about 18 percent overall in membership, and we credit that to the wonderful contractors that we have who have done recruitment. But the other side of that is once you recruit a patient into our program, we want them to remain in our program. And every health plan loses members because we do not go and do outreach to retain them. So that is on balance now after our first 5 years. We hope to emphasize, in what we hope is our second phase, that retention of our patient population is as important as their original recruitment.

Ms. CASTOR. And how do you propose to do that for first responders and survivors outside of the New York/New Jersey area, say, in the State of Florida?

Dr. HOWARD. I think, first of all, you know, we do things as a team. We sit down with our representatives from survivors and responders. We have a Responder Steering Committee which is very active, meets every month, and we have a Survivors Steering Committee that is very active and meets every month. All of our ideas,

suggestions, we go to them and say how are we going to do this, and together as a group we figure out how to do it. There are many modalities that we could use, and oftentimes we are told by our members what is the most effective.

Ms. CASTOR. Thank you very much, sir.

I yield back.

Mr. PITTS. The Chair thanks the gentlelady.

Now recognizes the gentleman from Texas, Dr. Burgess, 5 minutes for questions.

Mr. BURGESS. Thank you, Mr. Chairman. Thank you for having the hearing. Dr. Howard, thank you very much for being here today. And to all our witnesses on the second panel, thank you for your participation, and the people who are here in testament to the work that you have done. I also feel obligated to recognize the work of one of our colleagues, a former member, Vito Fossella, who was on this committee with us and, in fact, was responsible for my early interest in this shortly after I arrived in Congress in 2003. And it was because of that interest that I did become an early supporter of Representative King's work on this. And, in fact, I was the one who ran the bill on the floor in the waning days of the 111th Congress, in that late lame duck session in December when the bill finally did pass on the floor of the House.

But, Dr. Howard, I am interested in—you said in your testimony that you provided for us today that certain types of cancer were added to the list of health conditions covered under this Act. Could you share with us what those cancers—what types of cancers those were—are?

Dr. HOWARD. Yes. Currently covered in the program are every type of cancer, is just the short way to approach this—every type of cancer except uterine cancer.

Mr. BURGESS. Are there—but are there those that are more—I mean what are some—what—if you were to pick the top 3 malignancies, what would those be?

Dr. HOWARD. I think if you looked at our 4,000 or so cases right now, probably the top ones would be thyroid cancer. There are 5 common cancers that Americans get, skin being the one that is our top cancer. There is breast cancer, that is also a top cancer for us. There is colon cancer, which is a top cancer for us. Thyroid cancer is another cancer for us. But we have seen a lot of very common cancers like that, and we have also seen some very rare-type cancers, and oftentimes, from an epidemiological basis, the appearance of rare cancers is extremely helpful in terms of doing research on a population to figure out what their exposures are, causing rare cancers.

Mr. BURGESS. Sure. That speaks then also to the value in having people who have expertise in treating the types of injuries encountered because an uncommon cancer can be a difficult diagnosis to which to arrive.

Dr. HOWARD. Exactly. And if they—if this cohort were distributed, we would not be able to count those. It would be very hard to find all those rare cancers if they were not—if the patients were not seen in our clinical centers, and rather, they were seeing their own personal physicians throughout the United States. It would be very difficult to do that.

Mr. BURGESS. So it provides a focus that otherwise would not be available. Just as far as just a brief comment, if you will, on the observed versus the expected cancer rates of the population that you are following, is this number of—I guess I calculate it to be 6 percent based on the number of patients you are following and the cancers you reported, how does that stack up to the general population?

Dr. HOWARD. Well, that comparison, I am afraid, we can't do at this time. That would be something that we would have to wait and see what our researchers could come up with in giving us that kind of number. We are now looking at, and the Fire Department of New York City is doing some research using as a referent population to compare our World Trade Center firefighters to, another cohort that was assembled by the Institute of Firefighters not involved in World Trade Center—

Mr. BURGESS. Great.

Dr. HOWARD [continuing]. So we hoped that line of research could answer your question someday.

Mr. BURGESS. So it would give them a better control if you age-match for people who are in similar occupations.

Dr. HOWARD. Yes, sir.

Mr. BURGESS. Just switching gears a little bit, and you mentioned also in your testimony that, you know, you are trying to aid not just the individual members, but help grow the body of evidence and the body of information so that you can help in other situations. Are you going to be able to provide feedback to municipalities and boroughs as to the type of Workers' Compensation coverage that may be provided to members of the firefighting community, or the type of health insurance that is provided? Some of the shortcomings you mentioned were in—within the Workers' Compensation system. Are there lessons you have learned that can be extrapolated to other communities?

Dr. HOWARD. Well, certainly, and I think New York State itself, its legislature and Governor have already responded to this issue significantly by providing a mechanism by which responders, survivors can sign up to a program. They don't have to actually make a claim, but they can register, and then if they should develop a condition later on, that their claim would not be beyond the statute of limitations. So other States have also looked at that, and we hope that people will learn, especially from these long-duration disasters.

Mr. BURGESS. Thanks, Mr. Chairman. I will yield back.

Mr. PITTS. The Chair thanks the gentleman.

Now recognize the gentlelady from Illinois, Ms. Schakowsky, 5 minutes for questions.

Ms. SCHAKOWSKY. Thank you, Mr. Chairman. I too would like to thank all of the first responders, the survivors, those who treat them, for coming here today. For the first responders and the survivors, I am sure in addition to some health conditions that maybe more visible, that the trauma of the incident and the loss of friends, coworkers, family, is something that lingers on forever really.

In Illinois, Dr. Howard, there are 13 first responders, and between 1 and 9 survivors, the way the data is kept, it is between

1 and 9, enrolled in the World Trade Center Health Program. So clearly, there is no concentration of those individuals in any kind of program of nationwide providers. So I imagine there are physicians that have 1 or 2, et cetera, so how do you maintain that—the cohesiveness of that network?

Dr. HOWARD. I think that is a very good question, and I think there are a couple of ways that we do that. First of all, our Nationwide Provider Network is headed by a very capable physician who is a part of our New York-based Centers—New York and New Jersey-based Centers of Clinical Excellence. So he participates in all of our meetings, and is a great educator and teacher for the cadre of physicians that do monitoring and evaluation of that population. As you point out, a physician may have only 1 or 2. Those physicians themselves are occupationally trained, so they have the same kind of training to be able to connect exposure and health conditions as similarly situated physicians at our clinical centers.

As I mentioned, we are also trying to—we have been very pleased that Medscape is helping us put together constant training, so to speak, 24/7, you can go to their Web site and get information about the latest findings from the program that may influence your practice. So even though we have a distributed network, and even though those physicians in the Nationwide Provider Program may have, as you say, 1 or 2 patients, they are seeing, we want to—we want them to be as similarly situated knowledge-wise as the rest of our physicians.

Ms. SCHAKOWSKY. Great, thank you. So my understanding of the data is that there are a total of 71,000 people, or approximately, that are in the program. And then it says, in a factsheet I have, that more than 30,000 responders and survivors have at least 1 World Trade Center-related health condition. So there are some people in the program, I gather, that are—more than half, that are simply—not simply, but that are being monitored. Is that the difference in number?

Dr. HOWARD. Yes. We offer monitoring and treatment. So if you are in the monitoring program and you do not have a health condition that is included for coverage in our program, then you come on a periodic basis for monitoring. So you are not in treatment. There is no condition that a World Trade Center Health Program physician has connected to your exposure. So they are——

Ms. SCHAKOWSKY. But the——

Dr. HOWARD [continuing]. Continuing to be monitored.

Ms. SCHAKOWSKY. But the monitoring is done within the network, and there is not an additional cost to that individual for the——

Dr. HOWARD. Yes.

Ms. SCHAKOWSKY [continuing]. Monitoring.

Dr. HOWARD. No.

Ms. SCHAKOWSKY. OK.

Dr. HOWARD. Our members bear no costs.

Ms. SCHAKOWSKY. So the population that you serve includes some number of families of—or spouses of firefighters. Some are in that program. Survivors that may be workers in the area, residents, students, daycare, participants, et cetera. I am wondering

what the breakdown is between first responders and then survivors.

Dr. HOWARD. In terms of enrolled members in our program? So currently, total enrollment of the population, as you say, is 71,942. General responders, which would be police, construction workers, volunteers that came from all over—

Ms. SCHAKOWSKY. Firefighters.

Dr. HOWARD [continuing]. The United States, is about 38,953. Our fire department members are 16,569, which leaves 8,133 survivors in that 71,000.

Ms. SCHAKOWSKY. Does anybody leave the program? Aside from this issue of reenrollment, so do they have to reenroll every year?

Dr. HOWARD. I am sorry?

Ms. SCHAKOWSKY. Do they have to reenroll?

Dr. HOWARD. No, no, no, you are enrolled once in our program.

Ms. SCHAKOWSKY. Does anybody leave?

Dr. HOWARD. I hope not, but I do not know that for a fact. We have members who have passed away—

Ms. SCHAKOWSKY. Well, that is certainly—

Dr. HOWARD [continuing]. But leaving—they may go to their—as has been said by Representative Pallone, they may go to their private physician to obtain health care for other nonrelated conditions.

Ms. SCHAKOWSKY. Thank you very much.

Mr. PITTS. The Chair thanks the gentlelady.

Now recognize the gentleman from New Jersey, Mr. Lance, 5 minutes for questions.

Mr. LANCE. Thank you, Mr. Chairman.

I don't have any questions, but I want to thank you for what you are doing, Dr. Howard. I want to thank Congressman Pallone who has worked on this issue over the course of the last more than a decade, and all of the Members of the Congress who recognize the importance of reauthorization of this legislation.

This is a bittersweet hearing for me. New Jersey lost more than 700 residents. My son was playing freshman high school football, and he had a teammate whose father didn't come home. I lost a Princeton classmate in the South Tower, and my story is similar to the stories of many.

I think the best speech that the younger President Bush ever delivered was on September 14 at the National Cathedral where he said that this world God created is of moral design. Grief and tragedy and hatred are only for a time. Goodness, remembrance, and love have no end. And he concluded by paraphrasing St. Paul to the Romans that no evil can separate us from God's love. What you have done is based on goodness, remembrance, and love, and that is certainly true of the first responders. And I thank all of the first responders, and I am sure this legislation will pass unanimously here, in the full committee, and on the floor of the House.

Mr. Chairman, I yield back the balance of my time.

Mr. PITTS. The Chair thanks the gentleman.

Now recognize the gentleman from New York, Mr. Engel, 5 minutes for questions.

Mr. ENGEL. Thank you very much, Mr. Chairman. And, you know, I too—there are none of us that represent New York or New

Jersey and the surrounding area that wasn't deeply affected. There are 1,851 people in my district who are program beneficiaries of all you do, Dr. Howard, so we are very appreciative of it.

You have answered some of my questions, but I want to try to bring out certain other things. Many of us in the aftermath—Mr. Lance just mentioned that the Friday after the Tuesday of the attacks, many of us in the delegation went to the site of the attacks. It was surreal. You just scratched your head and you couldn't believe you were really—it was like a nightmare; you couldn't believe you were really living it, and then you kind of realized every few seconds this is real. And so we walked around—other people walked around, we really weren't wearing the masks. They did give us masks but didn't really make it seem as if it was that important, so I bet a lot more people got exposure. I mean I went back several times. I don't have any ill effects, thank God, but people who are now starting to get effects, do we have trouble tracing it back to—is it difficult for people to prove so many years later that their illnesses are a result of exposure they got at the World Trade Center site?

Dr. HOWARD. It is difficult. It is difficult for any of us to recall exact details of what we did a month ago, a year ago, let alone this many years ago. So for new members coming in our program, a lot of the questions that we ask about their exposure is—they are very difficult to answer. Recall is imperfect in all of us, but we take that into consideration in terms of the questions we ask and the answers they give us.

Mr. ENGEL. First of all, Doctor, thank you for the great work you do. Really great work. It makes me proud to have been an original cosponsor of this legislation, and I think in all the years I have been in Congress, I have never seen our delegations more united on 1 thing, particularly the New York delegation. Since the program has been continuing, and obviously when things continue, you see what works, what doesn't work, you make adjustments, what would you change in the program? What have been some of the things that you have found difficulty with that perhaps we should consider modifying or changing to make it more efficient?

Dr. HOWARD. Well, I don't think that we have found anything in the Act that has been a showstopper for us in administering the program. We look at all of the items in the Act as helping us, and we consider the Act to be a well-written document that has given us a roadmap and, as for so many years, for over a decade, we had no authorizing language, so we made it up as we went along, together with our Clinical Centers of Excellence. So we are extremely happy to have this authorizing outline for us.

Mr. ENGEL. How much flexibility exists with regard to the World Trade Center Health Program's eligibility requirements? For example, if someone meets 9 out of 10 benchmarks but is desperately in need of care, can exceptions be made to ensure that care gets to those who need it? How does that work?

Dr. HOWARD. We look at every case on a case-by-case basis. As I said, you know, recall is not perfect this many years later, and we take that into consideration. We only decide that somebody is not eligible when we are absolutely certain that they do not fit any

of the stated criteria in the Act. If we err at all, it is on the side of including someone in the program.

Mr. ENGEL. In your written testimony, you noted the work that has been done through the World Trade Center Health Program to—work has been done to understand the impact that 9/11 had on children, and I understand that the program has funded research projects to specifically examine the effects of 9/11 on the physical and mental health of children and adolescents. Can you talk a little bit about that?

Dr. HOWARD. Well, first of all, we are very privileged to have a number of researchers in New York who are interested in this area of pediatric research for 9/11. And as I say, we have 7 projects that are funded in this area. They have not been completed as yet, so we are looking forward to those findings, so I can't report today about what those studies are showing, but it is important that the—that we have them and they continue, and we are very privileged to have a very—a couple of very good researchers working on that.

Mr. ENGEL. Thank you, Doctor. And again, thank you for all you do and we are really very, very grateful to you. It affects those of us in the New York area every single day and our constituents are grateful. Thank you.

Mr. PITTS. The Chair thanks the gentleman.

I understand Dr. Bucshon doesn't have any questions. The Chair recognizes Mrs. Brooks from Indiana 5 minutes for questions.

Mrs. BROOKS. Thank you, Mr. Chairman.

Dr. Howard, I am a former deputy mayor of Indianapolis in the late '90s, and we hosted the World Police and Fire Games in the summer of 2001, before the 9/11 attack, and there were many New York, New Jersey firefighters and police officers who perished in the attack—New York firefighters and—who perished that had participated in those games. But we also had a group called Taskforce 1 that traveled from Indiana to the World Trade Center, and we have—I have since learned, because of this hearing, that we have 53 people in the State who responded. I have 12 in my particular district, and I want to pay particular tribute, as other colleagues have done, not only to all of those from New York and New Jersey but people like individuals from Taskforce 1, engineers and technical experts and their search dogs traveled immediately that day, and continued to operate around the clock with all of their brothers and sisters in New York.

There was a story several years ago about an Indianapolis fireman and a member of Taskforce 1, Charlie Gleason, who was deployed, and he said in that TV story, he said, and I quote, "He got a little bit of that World Trade Center cough" from that mix of the fumes, and—but he said that he would gladly answer the call again. And I understand the risk, but we have to take care of the men and women that are going, and that continue day in and day out to risk their lives for fellow citizens. And I want to thank you and all of the men and women who are here today for their service, and all the men and women around the country who did answer that call.

I would like to ask you what you lose sleep about with respect to this program, what are your greatest challenges, you have an-

swered incredibly well so many questions posed to you, but what would you say are the greatest challenges facing this program that we must reauthorize, and how do you plan to respond to those programs——

Dr. HOWARD. Well, the——

Mrs. BROOKS [continuing]. Or to those challenges?

Dr. HOWARD. The biggest thing that worries me is that I would have to spend any amount of time, waste my time closing the program as opposed to growing the program.

Mrs. BROOKS. And the manner in which you plan to grow the program, how do you plan to do that?

Dr. HOWARD. I think, you know, one of the issues that we have faced in the program, and I think I can speak for all of our Clinical Centers of Excellence, directors, and our Nationwide Provider Network, is when the bill passed, the President signed it on January 3, 2011, we had to be up and running July 2011. It was a very short implementation time. By a lot of work, by a lot of people, we were able to open our doors on July 1, 2011. But I think what we have done over the last 5 years, and we hope to continue to do, is quality improvement of the services we offer. Our pharmacy benefit plan, for instance, and other support for our members. We want to receive their input so that we can continue to improve the program.

Mrs. BROOKS. Thank you. Thank you for your service.

I yield back.

Mr. PITTS. The Chair thanks the gentlelady.

Now recognize the gentleman from New York, Mr. Collins, 5 minutes for questions.

Mr. COLLINS. Thank you, Mr. Chairman. And I too want to recognize all our first responders here. I think any time you come, as you have, it just helps Members of Congress in what we know is going to be a bipartisan support, as previously stated, to unanimously pass this reauthorization.

But first of all, Mr. Chairman, I would like unanimous consent to enter into the record a statement from Representative Dan Donovan who represents Staten Island and a portion of Brooklyn.

Mr. PITTS. Without objection, so ordered.

[The information appears at the conclusion of the hearing.]

Mr. COLLINS. And I would also like to recognize Representative Peter King that is with me today, and thank Dr. Howard for all you have done. You have pretty much answered, I think, most of our questions. I represent 105 towns of western New York in the Buffalo, into the Finger Lakes area, and I believe probably most, if not all, of our volunteer fire departments—and we are mostly volunteer; we have 1 paid fire department in my district—sent individuals down to Ground Zero. That is what firefighters do and first responders. It is the community of brotherhood, and I am just happy to have learned more today about how those individuals are more than likely in your program being monitored, and I think, again, in a bipartisan way we are with you, and you are doing great work. And I don't believe you are going to have to lose any sleep about shutting this program down.

With that, Mr. Chairman, I would like to yield the remainder of my time to Representative King if he would have any comments that he would like to add.

Mr. KING. If that is appropriate?

Mr. PITTS. The Chair recognizes the gentleman.

Mr. KING. Thank you, Mr. Chairman. And I do appreciate the opportunity of you allowing me to sit in and take part in the hearing. And I thank the gentleman from Upstate New York, Mr. Collins, for yielding time.

I would just like to say that there is probably no more important bill that we have passed during the time, you know, that I have been in Congress than this 9/11 Zadroga Act. I had about 150 fatalities from my district, but more than that, I see every day to this day people still have rare lung diseases, respiratory illnesses, blood cancers, so this is something that is absolutely necessary to continue. And I know that people may find this might be wrong or that might be wrong, the fact is this is as effective as any program I have seen since all the time I have been in Congress, and it provides a need which is a lasting need. It is absolutely essential to go forward, and I want to thank all these men and women who are here today, the first responders, FDNY, NYPD, construction contractors, I saw—before certainly, you know, people who are residents of the area, and really everyone who answered the call that day, everyone did what they had to do, and those who are suffering these illnesses, people in the prime of life who have, again, lost their jobs, have these debilitating illnesses which have changed their lives so radically, all because they did what had to be done.

So again, I thank the chairman for holding this hearing. I thank the committee for taking this issue up. I thank all of you for being here today. And I certainly thank Mr. Collins for yielding me the time. And I yield back to him. Thank you, Mr. Collins.

Mr. PITTS. The Chair thanks the gentleman.

And now recognize the gentlelady from North Carolina, Mrs. Ellmers, 5 minutes for questions.

Mrs. ELLMERS. Thank you, Mr. Chairman. And thank you, Dr. Howard, for being with us. And I too want to thank all of the first responders who are here today.

You know, a very emotional subcommittee hearing, and so I am going to try hard to stick to the information and get into some of these questions. Along the lines of where we are today, and I know that you have already stated, Dr. Howard, that as the number of affected first responders have come forward, those who have been determined to have cancer, how many are in existence right now? How many are with us? What number do you have of potentially affected patients who have a diagnosis of cancer?

Dr. HOWARD. Well, right now, we have about 3,400 cases of cancer—individual cases of cancer. Some of those cases may represent an individual that may have more than 1 cancer—

Mrs. ELLMERS. Um-hum.

Dr. HOWARD [continuing]. But generally speaking, that is the number of members that we have who we are—we have certified with cancer.

Mrs. ELLMERS. Now, as far as the certification process, I am just curious as to how you determine approval or denial and, you know, do you have numbers that play out as far as the possibility of being approved or denied?

Dr. HOWARD. Sure, and let me just briefly explain the process. The physician who is seeing the patient makes the connection between their exposure and the health condition, in this case, cancer.

Mrs. ELLMERS. Um-hum.

Dr. HOWARD. So they can say that it is caused by, contributed to, or aggravated by their exposure. That is the determination that is made by the physician.

Mrs. ELLMERS. I see.

Dr. HOWARD. We don't make it in the program. That is an independent view that the physician has. Then they submit it to us—

Mrs. ELLMERS. Um-hum.

Dr. HOWARD [continuing]. And we make sure that all of the supporting information is there, and then we certify it. If the supporting information isn't there, we have a question, we go back and forth—

Mrs. ELLMERS. Um-hum.

Dr. HOWARD [continuing]. Until we are all absolutely sure, including the determining physician and us that this is a case to be certified. Certification then means that you get your cancer covered for health care.

Ms. ELLMERS. Um-hum. And having the concentration on cancer leads me to the next question, which is, Do you anticipate adding other possible diseases outside of the cancer realm?

Dr. HOWARD. Well, we have received to date 7 petitions—

Mrs. ELLMERS. Um-hum.

Dr. HOWARD [continuing]. For requests adding conditions. Two of those were cancer. The original cancer petition that Chairman Pitts referred to—

Mrs. ELLMERS. Um-hum.

Dr. HOWARD [continuing]. 001, and then soon after that we had a petition with regard to prostate cancer, and then 5 others. With the 5 others, we did not find sufficient scientific evidence—

Mrs. ELLMERS. Um-hum.

Dr. HOWARD [continuing]. To support their addition. We get quite a few requests for adding conditions. It is hard to estimate—

Mrs. ELLMERS. Um-hum.

Dr. HOWARD [continuing]. What conditions we would add in the future, but we evaluate each of those requests on their scientific basis.

Mrs. ELLMERS. And then in regard to autoimmune diseases, I understand that you have made a determination that those would not be identified or added.

Dr. HOWARD. Right.

Mrs. ELLMERS. And can you just expand on that?

Dr. HOWARD. Right. We received a petition, our last petition, to add a large number of autoimmune diseases to our statutory list. We reviewed all of the information, including the very excellent study that had recently stimulated that petition by FDNY—

Mrs. ELLMERS. Um-hum.

Dr. HOWARD [continuing]. And we found that it was insufficient at this time.

Mrs. ELLMERS. Um-hum. Um-hum.

Dr. HOWARD. It doesn't mean that—and this is why we are—I emphasize so much the importance of research—

Mrs. ELLMERS. Um-hum.

Dr. HOWARD [continuing]. Funding in this program, is the additional work that is going on by other CCEs and our World Trade Center Health Registry to look into that——

Mrs. ELLMERS. Um-hum.

Dr. HOWARD [continuing]. Issue. So it doesn't mean that forever and ever——

Mrs. ELLMERS. Right.

Dr. HOWARD [continuing]. It will not be added, but at this time——

Mrs. ELLMERS. Um-hum.

Dr. HOWARD [continuing]. We are not adding it.

Mrs. ELLMERS. Well, thank you, Dr. Howard. I do appreciate all of the information that you have helped us with, and I am glad to know that this is considered to be an ongoing process into the future, because we don't know what the future holds for this. And again, God bless all of the first responders who are here, and your families. Thank you so much.

I yield back.

Mr. PITTS. The Chair thanks the gentlelady.

Now that all the members of the subcommittee have had an opportunity to ask questions, with unanimous consent I ask that the member of the full committee, Ms. Clarke, be given 5 minutes for questioning.

The Chair recognizes Ms. Clarke.

Ms. CLARKE. Thank you very much, Mr. Chairman. We have been joined here by Congressman Gerald Nadler of New York, original sponsor of the Zadroga Act, and I wanted to yield some time to him if it is——

Mr. NADLER. I thank you for yielding, and let me thank the chairman for holding the hearing, and the members.

I simply want to say that as someone who is one of—along with Mr. King and Ms. Maloney, was one of the 3 original sponsors of this bill, we struggled for years and years to pass it, I am glad to—and the history has proven the necessity of this bill, and I want to thank Dr. Howard for his wonderful service. I am glad that the chairman has called this hearing, and that, judging from the comments at the hearing, there seems to be a lot of bipartisan support for extending this bill. We know the necessity of that so I just want to urge that that be done, and that—and I thank the chairman and the committee again. Extension of this bill is essential because the diseases won't go away, and this is for both the first responders and the survivors in the community. And so I urge the extension of the bill.

I thank Ms. Clarke for yielding, and I yield back to her.

Ms. CLARKE. Thank you.

Dr. Howard, just following up on a couple of the questions that Mrs. Ellmers asked about the conditions. For the record, what is the process by which you can add new conditions to the program?

Dr. HOWARD. Well, first of all, the administrator has the ability to add a condition on his or her own motion. The other very common route that we have seen so far is the public can petition the administrator to add a condition. As I said, we have received 7 petitions so far; 2 of those we have added the condition, the first one

being cancer, the second one being a particular type of cancer; prostate cancer. The other 5 we have found insufficient evidence for.

Ms. CLARKE. I understand that the statute outlines specific timing requirements for you to respond to those petitions. Could you describe that for us?

Dr. HOWARD. Right. The administrator has 60 days to respond to a petition, unless the administrator refers the petition to our Scientific and Technical Advisory Committee, and then the time frame is 180 days. So for the—for instance, in terms of the first petition on cancer, we referred that to our Science and Technical Advisory Committee. They had 180 days to make their decision.

Ms. CLARKE. Do you have any concerns with the statutory time frames under which you would have to respond to such petitions?

Dr. HOWARD. Well, one of the things that the GAO report pointed out in their review of our cancer petition and—or addition of cancer was that there was no external peer review of our science that we used to justify the addition of cancer. We believe in peer review very, very much, and we want to do external peer review, but the time frame of 60 days was just—given the enormity of the task of adding all those numbers of cancers, that was a very short period of time, so we were unable to engage in external peer review.

Ms. CLARKE. Very well. Can you briefly tell us about the registry? It is our understanding it was created to follow individuals who were exposed to environmental toxins related to the World Trade Center terrorist attack. Tell us a bit more about the registry and why it is important—an important tool for studying the WTC-related health effects.

Dr. HOWARD. The World Trade Center Health Registry, which is operated by the New York City Department of Public Health and Mental Hygiene is a vital participant in the research aspects of the program. They started very soon after 9/11. They have, interestingly enough, about 71,000 members also, and I might add, I was told by the director last week that they have registrants in the registry from every congressional district, all 435. And they have produced almost 60 papers in this area. They followed the same people over periods of time, so they—every so many years, they study them to figure out what their experience is. So their research is vital to this program.

Ms. CLARKE. Do we have a sense of any of their findings so far?

Dr. HOWARD. All of their findings are not only on their Web site, but also on ours. And I think some of the things that we have learned already, the issues about asthma, mental health, persistent PTSD, et cetera, have come largely from the World Trade Center Health Registry studies.

Ms. CLARKE. So you think it is important that we continue our work?

Dr. HOWARD. It is absolutely vital.

Ms. CLARKE. I thank you very much, Dr. Howard.

And I yield back. Thank you, Mr. Chairman. And I thank the ranking member.

Mr. PITTS. The Chair thanks the gentlelady.

That concludes the questions of members who are present.

I am sure, Doctor, we will have follow-up questions from members. We will send those to you in writing. We ask that you please respond promptly.

Dr. HOWARD. Thank you, Mr. Chairman.

Mr. PITTS. Thank you.

That concludes our first panel. We will take a 3-minute recess as the staff sets up the witness table for the next panel.

Committee stands in recess.

[Recess.]

Mr. PITTS. All right, the time of recess having expired, we will reconvene. I will ask the guests to please take their seats.

Ladies and gentlemen. Ladies and gentlemen, please take your seats. The committee will reconvene. I would ask the guests to please take their seats, and I will introduce the second panel.

We have 3 witnesses on the second panel, and I will introduce them in the order in which they will present testimony.

First, we have Dr. Iris Udasin, Medical Director, Environmental and Occupational Health Sciences Institute, Robert Wood Johnson Medical School. Welcome, Dr. Udasin. Secondly, we have Mr. David Howley, retired police officer, New York City Police Department. And finally, we have Ms. Barbara Burnette, a former detective, New York City Police Department. Thank you very much for your patience, for coming, for your testimony. Your written testimony will be made a part of the record. You will each be given 5 minutes to summarize. There are a series of lights on the table, so you will see green first, then yellow. When red appears, we ask that you please conclude your testimony.

So at this time, Dr. Udasin, you are recognized for 5 minutes to summarize your testimony.

STATEMENTS OF IRIS G. UDASIN, M.D., DIRECTOR, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SCIENCES INSTITUTE, ROBERT WOOD JOHNSON MEDICAL SCHOOL; DAVID G. HOWLEY, RETIRED POLICE OFFICER, NEW YORK CITY POLICE DEPARTMENT; AND BARBARA BURNETTE, FORMER DETECTIVE, NEW YORK CITY POLICE DEPARTMENT

STATEMENT OF IRIS G. UDASIN

Dr. UDASIN. My name is Iris Udasin, and I serve as Director of Rutgers Clinical Center of Excellence in New Jersey. We are 1 of 6 clinics in the New York/New Jersey area that provide medical monitoring and treatment for World Trade Center first responders. I am a physician who is board certified in internal and occupational medicine, and am a professor at Rutgers, and a member of the National Toxicology Panel, an expert panel that advises the National Institute of Environmental Health Sciences concerning the relationship between exposure to toxic chemicals and health.

I want to thank the committee for giving me the opportunity today to testify concerning the importance of our Clinical Centers of Excellence, and for the opportunity to provide the best quality medical care through the Zadroga Act to those brave responders who have suffered from multiple, chronic and often disabling medical illnesses, including pulmonary fibrosis, sarcoidosis, asthma, gastric reflux, sinusitis, and sleep apnea.

We have been monitoring World Trade Center patients in New Jersey since January 2003, and began treating patients with Federal funding starting in 2007. In addition to the treatment of the aforementioned conditions, over the past 3 years we have been able to use our funding under the Zadroga Act to optimize cancer care. This is critical, since as early as 2008, our responders were already showing a cancer rate that was 15 percent higher than people their age, who were not at the disaster site. This rate is only increasing, and our patients are much younger than usual cancer patients and are nonsmokers. They were highly exposed to environmental toxins as well as severe mental health trauma from what they witnessed at Ground Zero. From seeing people jumping off tall buildings to their death, or finding charred remains.

Our designation as a Clinical Center of Excellence has allowed us to provide quality of care for these responders by centering all their care in a convenience location with staff members sensitive to their needs, coordinating treatment from start to finish. The combination of program-wide knowledge gained over 12 years of care delivery, in addition to my personal knowledge in New Jersey, has allowed us to understand this cohort of patients using medical and pharmaceutical resources wisely to accomplish the following objectives, which I will illustrate with specific patient examples. Coordination of care for complex cases. Diagnosis and treatment of patients considering both physical and mental health aspects of disease. Use of state-of-the-art diagnostic techniques for early diagnosis and treatment. Use of knowledge gained in our treatment of patients to allow for early intervention, enabling our skilled patients to stay at work.

I am proud to share this panel with David Howley, a retired police officer, who performed many months of search and rescue work at the site. David presented with swelling in his neck in 2006, which was eventually diagnosed as an aggressive metastatic cancer of the throat. This is an unusual and rare cancer in healthy, non-smoking Americans. However, in my center, we have seen 8 other patients with this cancer in New Jersey alone. David's treatment has required a team of doctors, including myself as primary care, the general oncologist, the radiation oncologist, the general surgeons, the ear, nose, and throat surgeons. Because of the complicated nature and location of his cancer, it has been extremely difficult to treat, but at the present time, he is tumor-free since April of 2014.

The second patient I want to tell you about is a retired detective, with severe shortness of breath, chest discomfort, fatigue, and inability to perform his duties as a police officer, who was present at the 9/11 site on the date of disaster, reported being engulfed in the dust cloud, and witnessing people jumping out of buildings. He was treated by his personal physician, with 5 medications for his respiratory issues, but no other conditions. His evaluation at our center confirmed the presence of asthma, but we were also able to diagnose rhinitis, gastric reflux, sleep apnea, post-traumatic stress disorder, and panic attacks. This patient was given treatment for those conditions, and received therapy for PTSD and panic disorder. The patient was able to recognize that his panic attacks were causing him to use increased amounts of his asthma medica-

tion, and he learned to control his attacks. At his most recent examination, he no longer needs mental health medications, and is enjoying his retirement.

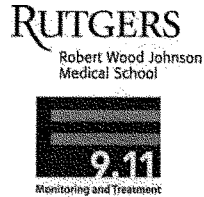
The third patient I want to speak about works as a consultant to prevent tax fraud. An abnormality was noted on his chest x ray, and he was referred for a CT scan. A small nodule was noted in November of 2014, which grew larger in January. This was evaluated by a radiologist who is an expert in interpreting lung CT scans. She was concerned about the suspicious nature of this nodule and its growth since the original CT scan. This patient was referred to our university surgeon who removed a stage 1 lung cancer, which does not need chemotherapy or radiation. And I want to say this patient is back at work. He is overseas looking for people who have cheated the Government paying taxes.

And finally, Rutgers University and NYU have combined to do research, finding markers for sleep apnea associated with environmental exposure. This expertise has allowed for early diagnosis and treatment of obstructive sleep apnea, enabling us to get people to work safely.

My fourth patient is a pilot for a law enforcement agency, with a history of GERD and sinusitis, which are risk factors for sleep apnea. Thanks to early diagnosis, this patient has been successfully treated for his conditions, and he is fully qualified under Federal standards to skillfully operate his aircraft. He asked how he could thank me for his treatment, and I said that he should continue catching terrorists.

In summary, all of our patients are honored and treated by skilled clinicians. We believe we are continuing to acquire the knowledge to provide early diagnosis and treatment of emergency responders who were exposed to toxic agents and psychosocial stressors. We are striving to continue to achieve excellence and cost-effectiveness in treating our patients, as well as preparation for providing the best possible medical care for any emergency responders who were exposed to a multitude of unpredictable exposures.

[The prepared statement of Dr. Udasin follows:]



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Professor of Environmental and Occupational Medicine
Director of EOHSI Clinical Center & Employee Health

Summary of testimony:

As the Director of The Clinical Center of Excellence at Rutgers University, I am speaking on behalf of all of the clinicians treating patients as part of The World Trade Center Health Program. In this testimony, I will address the need for treatment of our patients, and the reasons why the Clinical Center of Excellence model is the optimal way of treating this population.

Our patients as a group suffer from many disabling acute and chronic medical conditions including many types of cancers and severe lung problems including pulmonary fibrosis, sarcoidosis and severe asthma. Our patients also suffer from chronic sinusitis, gastroesophageal reflux and Barrett's esophagus, obstructive sleep apnea, and persistent mental health issues.

The combination of program-wide knowledge and our experience in New Jersey treating over 2,200 patients has allowed us to understand this cohort of patients, and use medical and pharmaceutical resources to accomplish the following objectives which I will illustrate with patient examples:

1. Coordination of care allowing for prompt, cost effective medical care;
2. Diagnosis and treatment of patients considering both physical and mental health aspects of disease, allowing for accurate diagnosis and improvement of quality of life;
3. Use of state of the art diagnostic techniques for early diagnosis and treatment;
4. Use of knowledge gained in our treatment of patients to allow for early intervention enabling our skilled patients to stay at work.

Testimony- Energy and Commerce Committee**Date: June 11, 2015**

My name is Iris Greenberg Udasin and I serve as Director of the Rutgers University Clinical Center of Excellence in Piscataway, New Jersey. We are one of six Federally Contracted clinics in the NY/NJ area that provide Medical Monitoring and Treatment for World Trade Center First Responders. I am a physician who is board certified in internal medicine and occupational medicine. I am professor of Occupational and Environmental Medicine at Rutgers, and am a member of The National Toxicology panel, which is an expert panel which advises The National Institute of Environmental Health Sciences concerning the relationship between exposure to toxic chemicals and health.

I want to thank the committee for giving me the opportunity to testify today concerning the importance of our Clinical Centers of Excellence, and for the opportunity to provide the best quality medical care through the Zadroga Act to those brave first responders who have multiple chronic and often disabling illnesses including pulmonary fibrosis, sarcoidosis, asthma, as well as gastroesophageal reflux, sinusitis, and obstructive sleep apnea.

The New Jersey Center has been monitoring World Trade Center responders since January 2003 and began treating patients with federal funding starting in 2007 when the first federal funds for treatment finally became available. In addition to the continued treatment of the aforementioned respiratory, pulmonary, and GI conditions, over the past three years we have been able to use our funding under the Zadroga Act to optimize cancer care of our patients.

This is critical, since as early as 2008 our responders were already showing a cancer rate that was 15 % higher than people their age who were not at the World Trade Center disaster site.

This rate is only increasing, and our patients are much younger and most are non-smokers who do not have other risk factors for the development of cancer. They were highly exposed to environmental toxins as well as severe mental health trauma from what they witnessed at

Ground Zero, from seeing people jumping off tall buildings to their death and finding charred remains of humans at the World Trade Center disaster site.

Our designation as a Clinical Center of Excellence has allowed us to provide the highest quality of care for these First Responders by centering all of their care in one convenient location with staff members that are sensitive to their needs and can coordinate treatment from start to finish. The combination of program-wide knowledge gained over twelve years of care delivery in addition to my personal experience in New Jersey treating over 2,200 patients has allowed us to understand this cohort of patients, and use medical and pharmaceutical resources to accomplish the following objectives which I will illustrate with patient examples:

1. Coordination of care for complex cases, allowing for prompt, cost effective medical care;
2. Diagnosis and treatment of patients considering both physical and mental health aspects of disease, allowing for accurate diagnosis and improvement of quality of life for our patients;
3. Use of state of the art diagnostic techniques for early diagnosis and treatment of patients;
4. Use of knowledge gained in our treatment of patients to allow for early intervention enabling our skilled patients to stay at work.

1. Coordination of complex medical cases:

I am proud to share this panel with David Howley, a retired police officer who performed many months of search and rescue work at the WTC site. David presented with swelling in his neck in 2010. This was eventually diagnosed as an aggressive metastatic cancer of the hypopharynx of the throat. This is an unusual and rare cancer in healthy non-smoking American patients. However, in my center alone, we have seen

8 other patients with this condition. David came to me for care, and to be certain that he was seeing physicians who could provide the best possible care, treat him with dignity, and if possible to avoid the disfigurement that often occurs from the treatment of this cancer. David's treatment has required a team of doctors including myself as the primary care physician, the general oncologist, the general surgeon, two ear nose and throat doctors to remove tumors from two different locations in his throat and neck, and the radiation oncologist. Because of the complicated nature and the location of the cancer, his cancer has been difficult to treat. At the present time, he is tumor free since his procedure of April 2014.

2. Diagnosis and treatment of complex patients with quality of life improvement:

The second patient is a retired detective who presented to us 7 years ago complaining of severe shortness of breath, chest discomfort, fatigue, and difficulty performing his duties in law enforcement. He was a non-smoker, and was present at the WTC disaster site on the date of the disaster. He reported being engulfed in the dust cloud, and he witnessed people jumping out of buildings. He was being treated by his personal physician with 5 medications for his respiratory issues, but no other medications. He came to our office with a colleague who was concerned for his health as he was extremely ill, and was losing the respect of family and friends.

His evaluation at our center confirmed the presence of asthma, but we were also able to diagnose rhinitis, gastroesophageal reflux (GERD), and sleep apnea. We were further able to diagnose post-traumatic stress disorder (PTSD) and panic attacks. This patient was given medication for his rhinitis and GERD, and treated with CPAP for the sleep apnea. He was treated with medication by our psychiatrist, and received therapy for his PTSD and panic disorder. The patient was able to recognize that his panic attacks

were causing him to use increased amounts of his asthma medication, and he learned to control these attacks. He was also able to use less of the asthma medication when his congestion was treated.

At his most recent examination, he no longer needs any mental health medications, uses only 2 asthma medications, uses his CPAP, and is able to socialize and enjoy his retirement.

3. Use of state of the art diagnosis and treatment available in university medical centers to effect early diagnosis and treatment of patients:

The third patient is a retired government agent who now works as a consultant to prevent tax fraud. He has been a patient of the program since its inception. An abnormality was noted on his chest x-ray, and he was referred for a CT of the lungs. A small nodule was noted in November 2014, with recommended follow up in January of 2015. A more suspicious nodule was identified at the end of January. This was evaluated by a radiologist who is an expert in interpreting lung CT scans. She was concerned about the suspicious nature of this nodule and its growth since the original scan. This patient was referred to a thoracic surgeon, experienced in VATS (video assisted surgery). A stage 1 lung cancer was promptly removed in early February, with minimal complications and no need for chemotherapy or radiation. He is now back at work, and is overseas looking for people who have cheated our government.

4. Use of the knowledge gained and studies performed to expedite treatment and keep productive patients at work:

Rutgers University and New York University have combined to research establishing markers for sleep apnea associated with environmental exposures. This expertise has benefitted many of our patients, as we are able to diagnose and treat obstructive sleep apnea and enable people to work safely. My fourth patient is a pilot for a law enforcement agency. He has a history of Barrett's esophagus, GERD, rhinitis, and sinusitis. He is not obese but these other conditions are risk factors for sleep apnea. Thanks to early diagnosis, this patient has been successfully treated for his condition. In addition, we are able to monitor his sleep and show that he is able to use the CPAP equipment more than 6 hours per night, fully qualified under federal standards. Because of this treatment, he is able to skillfully operate his aircraft.

He asked me how he could thank me for his treatment, and I said that he could continue catching terrorists.

In summary, all of our patients are honored and treated by skilled clinicians. We believe that we are continuing to acquire the knowledge to provide early diagnosis and treatment of emergency responders who are exposed to toxic agents and psychosocial stressors. We are striving to continue to achieve excellence and cost effectiveness in treating our patients, as well as preparation for providing the best possible medical care for any emergency responders who are exposed to a multitude of unpredictable exposures.

Mr. PITTS. The Chair thanks——

Dr. UDASIN. Thanks for the extra time.

Mr. PITTS [continuing]. The gentlelady.

And now recognizes Mr. Howley, 5 minutes for your summary.

STATEMENT OF DAVID G. HOWLEY

Mr. HOWLEY. Thank you, sir. First thing I would like to do is thank you for having this hearing. It is obviously very important by the amount of people that are here today, and it is both an honor and a privilege to be here and address you.

There are a lot of things I would like to say about this, but I think the most important is to answer a question that you all basically posed to Dr. Howard, and that is what happens if. And Dr. Howard was wonderful in his answers, but I think I am going to be a little more blunt about it. People are going to die. The men and women that are sick, that are being taken care of now. I have only been cancer-free a little over a year. I could easily—and if it wasn't for this lady right here, I wouldn't be here at all. So to end this program, people are going to die. It is just—it is a fact. It is unquestionable, and that is what is going to happen.

I was born and raised in Mr. Pallone's district, and I lived in his district once I retired, and then I moved a few years ago, and I live in Congressman Lance's district. So I have both sides of the aisle covered here. This is not something that should have any political fighting. This should be an absolute bipartisan, 435-to-0-type bill. This is a ground ball and no-brainer, as far as I am concerned.

And as—the other—and the last point I would like to make, because I am going to try to keep this brief, is, I wouldn't be here, sitting here, if it wasn't for the doctors and Dr. Udasin's and her other colleagues' knowledge, skills, abilities, research. They have become the absolute experts in what is ailing us, and not just me but all the other people that are part of this program. You can't go to your regular doctor. They don't have the knowledge. They just don't. They are not bad doctors, there is nothing wrong with it, but what has happened to us because of the conditions that we were in is—has become very specific. And I didn't have a normal cancer, and there are a lot of other people who don't have normal or normal blood diseases, and because of their absolute dedication, they have come up with plans and outlines and—that they can treat and get us through these difficult diseases. And that is the most important thing is that we can have a quality of life to go forward.

And I am going to leave it at that. I will be happy to answer any of your questions.

[The prepared statement of Mr. Howley follows:]

**U.S. Congress
Energy and Commerce Committee**

June 11th, 2015

By David G. Howley

Good morning ladies and gentleman. I want to take a moment to thank you for the opportunity to address the committee on this important topic. My name is David Howley. I am a retired NYC Police Officer who has battled a host of ailments, including cancer caused by the attacks on the World Trade Center on September 11, 2001. I am now considered permanently disabled because of those ailments.

As much as I do not like talking about myself, I feel in this case I must, in order to provide you with a firsthand experience on how, from its early inception until today, the 9/11 Health Care Program has helped thousands of people just like myself. My case is not the exception to the rule. In a way, I believe, I am the poster child for the unique work Dr. Udasin and her colleagues do every day. Please bear with me while I try to tell you the short version of my experience, and I believe you will be able to see exactly why the extension of this law is so important.

I first went to Dr. Udasin in 2003 when the program was called the Medical Monitoring Program. I am sure I was not her first patient in the program, but I was one of the first. At that point, I had severe high blood pressure, a sinus condition that was horrible, constant heart burn and breathing difficulties from a reduced lung capacity. I had frequent sinus infections and was living on antibiotics and antacids.

I was such a mess, (to put it mildly), that on first visit Dr. Udasin refused to let me leave unless I went straight to my own doctor to get treated for the high blood pressure. There were some follow up tests,

conferences, and our Doctor- Patient friendship was born. I received treatments for those conditions and actually started to feel human again.

Fast forward to 2006 where I found a lump in the side of my neck, but I did not think much of it. However I showed it to my regular doctor during a routine visit. He thought it was just a cyst and not a big deal, but it should be removed when possible- NO RUSH. I messed around trying to find a surgeon for almost a year. The lump was pretty close to my jugular vein and since I had never been operated on, and had no idea what to expect, I was being extra careful. Dr. Udasin recommended several surgeons at Robert Wood Johnson University Hospital. Finally in March of 2007 I settled on a great surgeon who extracted what was not a cyst, but a cancerous lymph node. The odyssey had begun.

I was diagnosed with squamous cell head and neck cancer that had metastasized into my neck. From that point on the cancer has returned on three separate occasions, the last time being in March of last year, when I had to undergo a full radical neck dissection. I have also been through chemotherapy and radiation treatments, and suffered two strokes. One of which was a direct result of the cancer treatment. After the stroke in 2008 I pretty much refused to go back for any treatment for almost a year. Dr. Udasin and her staff worked tirelessly to find and research the group of doctors I now have. I have the best group of doctors any person could possibly want. No one really figured I would survive this long. But with the help of this program there is no question in my mind that if it were not for the 9/11 Health Care Program and Dr. Udasin in particular, I would not be sitting here in this chair today.

Now I'm boring you with all this for one reason. What happened on September 11, 2001 with concern to the mixture of concrete, glass, chemicals etc. plus the fire at temp over two thousand degrees had



never before occurred in history. As a result, the illnesses and cancers that have occurred had not previously been seen by the medical community. In my opinion, the 9/11 Health Care Law has allowed Dr. Udasin and other doctors in the program to perform imperative research and become experts in this field. They have the knowledge, skills, tools and expertise to guide patients like myself through a very difficult process. There is no question the doctors in this program have saved countless lives of Police Officers, Fireman, medics and others.

HEALTH CARE COSTS

As you are all aware health care costs can be astounding. For a family fighting a life threatening disease it can be overwhelming. After my last surgery, a single night's stay in a hospital room alone cost more than \$5,000. Thankfully, I have very good insurance and the left over costs were picked up by the 9/11 Plan. Thanks to the 9/11 Plan, my out of pocket expenses were less than \$300. However, I am very fortunate to have the health coverage I have, while others are a lot less fortunate. The 9/11 Health Care Plan allows people with life threatening and non-life threatening diseases peace of mind, and the opportunity to concentrate on getting better without having to worry about selling their house to do so.

WHY

As member of Congress one of your highest responsibilities is to protect and defend the citizens of the United States of America.

On September 11, 2001 the United States of America was attacked. On that day we began the war on terrorism and Al-Queda. Whether we say we are, or are not at war today, is a political discussion not a practical one. The men and woman who worked tirelessly, day and night at the towers and then became sick have every reason to expect their country will provide

assistance to them, the same way they provided assistance and protection to the people of the New York City. It is your obligation as Congress to fulfill that expectation. We were the front line troops that day, and in the weeks thereafter. Ninety eight percent of the people in the towers got out safely that day. A near impossible feat that was done with skill, determination and raw courage.

Unfortunately terrorism has not been defeated and there is no reason to think it will be in the near future. As we sit here today I can guarantee that emergency responders are training to deal with the next terrorist attack. Whether it's a lone gunman in a shopping mall or a group attempting to place an IED in a city business district.

Members of Congress, at this point you must think into the future. If future first responders have to worry about what comes after the next attack, will they have medical coverage, will their families be assisted and provided for should they die? Along with the rest of the concerns that people like me have gone through. You have to ask yourself will they be willing to give the same one hundred percent that we all gave? Will they do their jobs with the same determination and strength, and give their all the way we all did on the days and weeks after September 11th?

You have all seen in recent months how shootings and homicides have risen in major cities around the country. Police officers are not being as active since all of the unrest and abuse they have been under. Again I'm not speaking about politics, I am speaking about reality. Police officers, are and rightfully so taking a step back and assessing, am I going to be supported if I take police action? This is the same process you do not want them to have to think about should another major terrorist attack occur. You want our first responders to have confidence that their country has their back, and they will be assisted if and when they need it.

Victims Compensation Fund

What I would like to say about the fund is that I believe that Congress should fully fund the Victims Compensation Fund, so recipients can stop waiting for their awards. These funds help families and individuals with the day to day

expenses they lost during their illnesses, and make up for lost wages if they are unable to work. Having to wait an unknown periods of time for their awards just adds stress to the lives of people who have had more than enough already.

Conclusion

I want to thank you all for inviting me here today. I believe everyone here has their hearts in the right place, and wants to do the right thing. This should in my opinion be a no brainer. There is no reason not to do this and many reason why this law should be extended.

Thank you for your time and dedication in this matter.

Mr. PITTS. The Chair thanks the gentleman. And now recognizes Ms. Burnette 5 minutes for your opening statement.

STATEMENT OF BARBARA BURNETTE

Ms. BURNETTE. Thank you subcommittee—Ranking Member Green, and members of the subcommittee on Health for inviting me to appear before you today.

My name is Barbara Burnette, and I live in Bayside, New York. I am 52 years old, a wife, a mother, and a grandmother. With me here today are my husband, Lebral, Sr., and my son, Lebral, Jr. I am a proud former New York City police detective. I retired from the department after 18½ years of service. My career came to an end because of an illness I developed from the time I served at the World Trade Center site. I served there for more than 3 weeks; about 23 days in total. The morning of September 11, 2001, I was working in Brooklyn, New York, in the Gang Intelligence Division. When my fellow officers and I learned that the morning—the terrorist attacks in New York City, we rushed to lower Manhattan the fastest way possible, which was by boat. When we arrived, the towers had collapsed. The air was thick with dust and smoke. I put my hands over my mouth and nose just to breathe. My fellow officers and I worked all day and well into the night. We evacuated people from around the World Trade Center site. We directed them away from the disaster. There was so much dust, but I was not given any respirator or any kind of protection for my eyes, throat, or lungs. I had to wash out the debris of my eyes and throat, picking up a hose. My fellow officers and I, along with all the rescue workers and first responders, could not stop doing what we had to do. The first night I finally left the World Trade Center around 10:00 p.m., after 12 hours. Five hours later, I reported back to the World Trade Center site at 4:00 a.m. in the morning on September 12. I removed debris by using buckets and shovels, and at no time was I provided with respiratory protection. If I was not crying over what I was seeing in the room, tears streamed down my face from burning, irritating dust.

I spent weeks at the World Trade Center site, shoveling, clearing away debris, searching for survivors, and later sifting for body parts of the dead. We worked side-by-side and hand-in-hand with ironworkers, construction workers, firefighters, police officers, all of us searched in the dust and removed debris together. We were searching and removing wreckage of the World Trade Center. We were working right on top of the burning, smoky, hot rubble. The fires never stopped burning. Air quality, we were told, was not a concern. All of us working 24/7.

The work was tough and dirty, we were choking, and it was dangerous, but there was never a time when I even thought about quitting or leaving. I thought of thousands of poor victims. If our work brought the removal and recovery efforts closer to the end, we were glad to contribute.

I live with the consequences of 9/11 every day. I have been diagnosed with interstitial lung disease; more specifically, hypersensitivity pneumonitis with fibrosis in my lungs. The inflammation in my lungs interferes with my breathing, and destroys the tissues that get oxygen to my blood. My lungs are permanently

scarred. I cannot move around my home or take the stairs without wheezing or gasping for breath. I start each morning connecting to a nebulizer and inhaling multiple doses of medications. I am told I will eventually need a double lung transplant. Long steroid use has caused weight gain and other—and has—and other prescription medications have caused many additional illnesses. I have been diagnosed with diabetes, high blood pressure, osteoarthritis, and rheumatoid arthritis. I have suffered partially detached retinas in both eyes, each requiring surgery. Prior to my World Trade Center service, I was in top shape. I had no history of lung disease, I never smoked, I always had a physically demanding lifestyle and career. During my time with NYPD, I worked for 5 years in the Plainclothes Narcotics Unit. These assignments required me to walk 4 miles per day, making arrests in buy-and-bust operations, and executing search warrants. I have made over 200 arrests in my career, and have assisted in hundreds more. I have been recognized by the NYPD numerous times for excellent police duty. I have also received several medals for meritorious police duty.

I was born and raised in Brooklyn, New York. I played high school and college basketball. I played on the police league women's team which competed across the United States internationally. Life has become very different since I became sick. Every month, I see the doctors at Mount Sinai to receive care and renew my prescriptions. This program saves lives. It is saving my life today. It provides medical structure in my life by coordinating doctors and medications. My family does not have to suffer the financial burden of doctors' visits, copayments, deductibles, and the terrible cost of prescription medication, which I—would not be available to me without the program.

I would also note that the health conditions are worsening. Many of the first responders' colleagues have been diagnosed with cancer. Many colleagues have died of cancer. The amount of dust to which we were exposed was unprecedented. Many of us fear cancer and other injuries that arise late after toxic exposure.

Recently, more than 60 types of cancers have been identified by medical researchers as being directly related to the toxins found at Ground Zero. Cancer arises years and years later. For these reasons, I would urge the committee to approve the bipartisan legislation before it.

Thank you.

[The prepared statement of Ms. Burnette follows:]

**Statement of Barbara Burnette
of Bayside, New York
Before the United States House of Representatives
Committee on Energy and Commerce Committee
Subcommittee on Health
Regarding H.R. 1786
James Zadroga 9/11 Health and Compensation Reauthorization Act
of 2015
June 11, 2015**

Thank you, Committee Chairman Upton, Ranking Member Pallone, Subcommittee Chairman Pittman, Ranking Member Green, and Members of the Subcommittee on Health, for inviting me to appear before you today.

My name is Barbara Burnette. I live in Bayside, New York. I am 52 years old, a wife, a mother, and a grandmother. With me here today are my husband, Lebro, Sr., and my son, Lebro, Jr.

I am a proud, former New York City Police Detective. I retired from the department after 18 and a half years of service. My career came to an end because of illnesses I developed from the time I served at the World Trade Center site. I served there for more than three weeks, about 23 days in total.

The morning of September 11, 2001, I was working in Brooklyn, New York. I had been assigned to the Police Department's Gang Intelligence Division. When my fellow officers and I

learned that morning of the terrorist attacks in New York City, we rushed to lower Manhattan the fastest way possible. We took boats. We arrived at the piers near the West Side Highway. We arrived around the time the Towers had collapsed.

The air was thick with dust and smoke. I had to place my hands over my mouth and nose just to breathe. That first day, I worked for about 12 straight hours in these difficult, almost impossible conditions. My fellow officers and I worked all day and well into the night. We evacuated people from around the World Trade Center site. We directed them away from the disaster. There was so much dust, I had to wash my eyes out frequently, with running water.

I was not given any respirator or any kind of protection for my eyes, throat and lungs. To wash dust and debris out of my eyes, mouth and throat throughout the day, my only choice was to pick up a hose and let the muddy, dirty water run out of my mouth and onto the ground. At one point, Emergency Medical Services rinsed out my eyes with bottled water. My eyes were irritated, swollen and dark red in color.

My fellow officers and I, along with all the rescue workers and First Responders, could not stop doing what we had to do. That first night, I finally left the World Trade Center site around 10 p.m.

Five hours later, I reported back to the World Trade Center. I arrived for work at 4 in the morning on September 12th. We were assigned directly to the debris pile on the second day. I worked until late afternoon, removing debris, by hand and by using buckets and shovels. At no time was I provided with any type of respiratory protection. Like the day before, I had to run water into my mouth and throat to wash away the dust and debris and then spit it out. My eyes needed constant rinsing. If I was not crying over what I was seeing in the ruins, tears streamed down my face from the burning, irritating dust.

I spent weeks at the World Trade Center site in this routine: shoveling; clearing away debris; searching for survivors; and later, sifting for body parts of the dead. We worked side by side and hand in hand with iron workers and construction workers who worked as contractors for the City of New York. The firefighters, the police officers, the construction workers, all of us searched in the dust and removed debris together.

For all of us, no matter what our job was, each day was pretty much the same. We made our way across all parts of the World Trade Center, which was a rectangle in shape, all debris, from north to south, east to west. There were no landmarks or street signs left. All I knew is that we were searching and removing wreckage of the World Trade Center. We were working right on top, on the burning, smoky, hot rubble.

These conditions did not change during my time on the debris pile. The fires never stopped burning. There was constant dust and debris flying around. Air quality, we were told was not a concern. All of us were allowed to continue to work 24 - 7. The work was tough and dirty, it would cause choking and it was dangerous. But there was never a time when I even thought about quitting and leaving. I thought of the thousands of poor victims, including my fellow Police Officers. I thanked God that I was not one of them. If our energy and toil brought the removal and recovery efforts closer to completion, we were glad to contribute. There were those who should have taken the necessary precautions to protect all of us from the exposure to dust. All I know is that we held up our end of the deal.

I live with the consequences of 9-11 every day. I have been diagnosed with interstitial lung disease, more specifically hypersensitivity pneumonitis with fibrosis in my lungs. I have failed the pulmonary function tests that doctors have given me. The inflammation in my lungs interferes with my breathing and destroys the tissues that get oxygen to my blood. My lungs are permanently

scarred. I cannot move around my home without wheezing or gasping for breath. I take large doses of steroids that add to my weight. I start each morning connecting to a nebulizer and inhaling multiple doses of medications. I am told I will eventually need a lung transplant.

Long term steroid use and other prescription medications have caused me to have many additional illnesses. I have been diagnosed with diabetes, high blood pressure, osteoarthritis and rheumatoid arthritis. I have suffered partially detached retinas in both eyes each requiring laser surgery.

Prior to my World Trade Center service, I was in top shape. I had no history of lung disease. I never smoked. I always had a physically demanding lifestyle and career. During my time with the NYPD, I worked for 5 years in the plainclothes narcotics unit. These assignments required me to walk up to 4 miles per day, standing ready to make arrests in buy-and-bust operations and the execute search warrants. Making an arrest is tough, intense and physical. I have made over 200 arrests in my career and have assisted in hundreds more. I have been recognized by the NYPD numerous times for Excellent Police Duty. I have also received several medals for Meritorious Police Duty.

I was born and raised in Brooklyn, New York. I played high school and college basketball. I played on the Police League women's team which competed across the United States and internationally. We won 4 championships.

Life has been very different since I became sick. I cannot walk up the stairs or down the street without gasping for breath. It seems a long time ago that I arrested drug dealers or did most police work. Simply walking is difficult for me now. Because of my illness, sometimes I black out. That is why I avoid driving. I rely on my husband, family and friends to get me where I need to go. In September of 2004, while working full duty, I experienced a blackout at work. There was

no explanation for this episode. I underwent many medical tests. In May 2005, having discovered inflammation in my bronchial passages, doctors at the Mount Sinai Medical Center performed two bronchoscopies and an open lung biopsy. Granulomas, abnormal tissue formations were detected in my lungs and I was placed on daily doses of Prednisone to fight the inflammation. My condition worsened.

I soon realized that I would never go back to work full duty as a Detective for the NYPD. On August 11, 2006, the Police Department agreed. Department doctors determined that I was permanently disabled with illnesses resulting from exposure at the World Trade Center site. The James Zadroga 9-11 Health and Compensation Reauthorization Act is a lifesaver for me and thousands of other first responders and 9-11 survivors. Every day we fight serious health issues resulting from our exposure to toxic smoke, dust and debris from the World Trade Center site. Recently, more than 60 types of cancers have been identified by medical researchers as being directly related to the toxins found at Ground Zero. The Zadroga Bill enables me to participate in the Mount Sinai Medical Center's World Trade Center Health Program and medical monitoring.

Every month I see the doctors at Mount Sinai to receive care and to renew my prescriptions. This program saves lives. It is saving my life. It provides a medical structure in my life by coordinating doctors and medications. My family does not have to suffer the financial burden of doctor visits, co-payments, deductibles and the terrible costs of prescription medication which I know would not be available to me without the program.

I would note that our health conditions are worsening. Many of my First Responder colleagues have been diagnosed with cancer. Many colleagues have died of cancer. The amount of dust to which we were exposed was unprecedented. Many, many of us fear cancer and other injuries that may arise late, after toxic exposure.

For these reasons, I would urge the committee to approve the bipartisan legislation before it.

I would be happy to answer your questions. Thank you for the hearing.

Mr. PITTS. The Chair thanks the gentlelady. And thanks to all the witnesses for their testimony.

I will begin the questioning by members and recognize myself 5 minutes for that purpose.

Dr. Udasin, we will begin with you. In your testimony you talk about the coordination of care that your client provides, and that you can spend time with your patients. Can you elaborate in more detail about that?

Dr. UDASIN. Since David is sitting next to me, it is a really good example. David's condition was in such a peculiar location that we had to find different surgeons that were able to get to where his cancer were—was. So this required speaking to people individually to determine who had the right expertise to actually take care of his cancer. Where he could get the right radiation, that was a big issue in David's case also because there were certain issues with how he was receiving radiation, and he could better go to one place and not go to another place. And the good news for David was that he had a supportive family to take care of his other needs, but we have had other patients not as fortunate as David where, unfortunately, we have had to coordinate getting them into things like hospice care. So my staff—and I would like to acknowledge Tracey Berspese, my administrator, who is sitting there, who helps us arrange a lot of the important things that we do with our patients. Getting them from place to place, making sure they get a good appointment and a prompt appointment.

So, you know, you go into a doctor's office, and you have an abnormal test, and then you have to go and see a specialist. If you go in just by yourself, they say, oh, you can have an appointment next November. That is their next available appoint. But I can assure you, when I call up, you will be in by Tuesday. So if that answers your question.

Mr. PITTS. Yes. Well, just to follow up with the coordination and having time, very important for the level of care that you give. Was it possible to provide this level of care before Congress established the World Trade Center Health Program?

Dr. UDASIN. It was not possible to obtain this degree of care. Initially we had, in—the end of 2002, 2003, we just had the monitoring program, and it was very frustrating because you could find something wrong with a person and we really didn't have the resources to make sure they got to see the correct person. And I am grateful for the Zadroga funding that we have now so that we can do that.

Mr. PITTS. Thank you. For Mr. Howley and Ms. Burnette, can you talk about your care before and after the creation of the Centers of Excellence in the Zadroga 9/11 Health and—

Mr. HOWLEY. I—

Mr. PITTS [continuing]. Compensation Act, and in your view is it better coordinated?

Mr. HOWLEY. I was thinking of a story when you just asked the doc a question. I am probably one of her original patients going back to the monitoring program back in 2003. The first time I went there, my blood pressure was basically somewhere off her chart. My sinuses were completely blown out. I had constant infections, I had GERD, which is acid reflux, and she basically refused to let

me leave her office unless I went straight to my doctor to get treated for the blood pressure. And I am 6'3" and she is about 5'1", and I believed here that she wasn't going to let me out of the office.

So yes, there is a big difference. As far as—and she is just wonderful, and I am sure—and I haven't really dealt—I have only dealt with one other of the doctors at her office, and I have never been to any other offices, so I can't speak about any of them. But the doctors at—you know, are just tremendous, and they—as she was saying, when the cancer has kept coming back for me, and it has reoccurred 4 times for me. You can now—she can make those phone calls now, where—and get me to the right—and when she says Tuesday, she is not kidding you.

Mr. PITTS. Thank you. Ms. Burnette, would you respond to that, you know, as a patient in the World Trade Center Health Program, are you satisfied with your access and the care you have received, and compare before and after.

Ms. BURNETTE. Yes, I am very satisfied with my care because in 2004, I started blacking-out at work and nobody knew why, and with the regular doctors I was just being sent out for different kind of tests. In the program, they send me to 1 doctor, who sends me to another doctor to make sure everything is covered. They schedule everything for you. And I think it is very important that they follow up in what is going on, and how they treat us is very well.

Mr. PITTS. thank you. My time has expired.

The Chair recognizes the ranking member, Mr. Green, 5 minutes for questions.

Mr. GREEN. Thank you, Mr. Chairman.

Mr. Howley, from your testimony I understand you have been seeing Dr. Udasin since the permanent World Trade Center Health Program was established under Zadroga. Would you explain what being able to see Dr. Udasin at the Rutgers Center of Excellence has meant to you? And I know it sounded like a little bit from the earlier question.

Mr. HOWLEY. That is fine. How do I phrase this in—their knowledge that they have acquired, because they have seen so many of us, when I present the next set of conditions or a former set of conditions that I had, she can tell me, Dave, go see Dr. X, Y, and Z, and not Dr. A, B, and C, because of her knowledge and skill and what she has been able to put together by seeing so many of us, she has that template, those tools in her belt—

Mr. GREEN. Yes.

Mr. HOWLEY [continuing]. That will send me to the right person.

Mr. GREEN. Do you think you would have been in worse condition without being in the center?

Mr. HOWLEY. I wouldn't be here. This chair would be filled with somebody else. I would not be here. There were only 3—the last surgery I had last year, there were only I believe it was 4 surgeons that were qualified to do what I needed to get done.

Mr. GREEN. OK. Ms. Burnette, from your testimony I understand you receive medical monitoring treatment services at the Mount Sinai Clinical Center of Excellence. Could you explain what care you have received at Mount Sinai, and what it has meant to you?

Ms. BURNETTE. The care I received has been excellent. They did an open lung biopsy which determined that I—which lung disease

I had and how they were able to treat it, and what doctors I needed to see.

Mr. GREEN. OK. And could you explain what the care you received at Mount Sinai—I assume it is similar to what Dr. Udasin, you know, your—they are treating the whole person.

Ms. BURNETTE. Yes. I have a primary doctor. They send me to individual doctors for the different diseases I have, like GERD, asthma, sinusitis, and one primary doctor coordinates all of that.

Mr. GREEN. OK. Do you think your condition would be worse if you hadn't had—didn't have access to the 9/11 Health Program?

Ms. BURNETTE. I believe it would be terribly worse because I was—I had that World Trade Center cough. I was not able to hold a conversation without the program providing me with the medications that I needed.

Mr. GREEN. Dr. Udasin, why does this cohort of patients need the types of specialized care that is provided at the Clinical Centers of Excellence?

Dr. UDASIN. We have people with rare conditions like David that need specialists' help. We have been able to use our best university resources to get people that have seen many abnormalities on things like CT scans to get patients, like the gentleman I mentioned, to have the cancer removed. But I think really, the total—the number of conditions that we see and the complicated cases that we see, so you might have one condition and that influences another condition, and makes the third condition worse. So if you have mental health issues and you have reflux, and then you get chest pain, and you have asthma, you end up taking too many medications, and then you get a side-effect from medications. Many of the asthma medications, if you take too many of them, can precipitate heart disease. So I feel like early recognition and treatment of all the conditions correctly allows for much better outcomes for people.

Mr. GREEN. It sounds like, with so many possible illnesses, misdiagnosis would be—would not be uncommon.

Dr. UDASIN. Well, that is correct. And Ms. Burnette described her sheer number of conditions. And, yes, that is the issue because you don't want to—so you treat one condition really effectively, but you kill the patient while you are doing it because she had some other condition that you ignored. And so that is what I believe we are able to do. As the primary care gatekeeper-type person, I can make sure that all the specialists are talking to each other, and making sure that the total patient is treated correctly.

Mr. GREEN. Thank you, Mr. Chairman. And I think because of the complications and the exposure to not telling what, that you need to have someone who looks at the whole person and actually treats all of the illnesses that you are subject to.

Thank you, Mr. Chairman.

Mr. PITTS. The Chair thanks the gentleman.

Now recognize the gentleman from New Jersey, Mr. Lance, 5 minutes for questions.

Mr. LANCE. Thank you, Mr. Chairman.

Dr. Udasin, can you explain in a little more detail your Center of Excellence and what that means, and how many there are in the

metropolitan region, and what qualifies your organization as being a Center of Excellence?

Dr. UDASIN. Well, thank you. We are part of the Non-FDNY Responder Program, and so FDNY has a separate center. We are one of the New York/New Jersey consortium, which includes centers at Mount Sinai, NYU, Stony Brook, Queens College, and Rutgers.

Mr. LANCE. Mount Sinai and NYU would be in Manhattan, and——

Dr. UDASIN. Yes.

Mr. LANCE [continuing]. Stony Brook is on Long Island, and——

Dr. UDASIN. And——

Mr. LANCE [continuing]. Queens is obviously in Queens, and Rutgers——

Dr. UDASIN. Queens is sort of in Nassau also. It is kind of on the border over there. And we serve as a Center of Excellence in New Jersey. What makes us different, our physicians are board certified in primary care specialties, internal medicine, and occupational medicine. It is double board certified. Almost all of our physicians have at least 2 board certifications. As I said, Rutgers has an Environmental Center of Excellence in our same building, and we do extensive work on exposure and health effects, and that happens beside—that is the rest of the faculty that I work with in Rutgers. So we have a lot of experience with exposure and illness.

We have a pulmonary doctor that actually comes into our practice and sees patients with us. We have mental health people that come into our practice and see patients. And then across the street from us we have our surgeons, our gastroenterologists and a number of other specialties—specialists that we need in the Rutgers Center.

By the way, we changed our name to Rutgers. We need to get that on the record that we changed from UMDNJ to Rutgers. In any event——

Mr. LANCE. That is because our State legislature has permitted the combination of the University of Medicine and Dentistry and Rutgers.

Dr. UDASIN. Right. So in any event, then I have my registered nurses who are there helping us take care of patients, making sure that histories are obtained correctly, making sure that people actually know how to use their medications. This is really very important that we have people making sure that not only medications are used, but they are used correctly. Then I have, as mentioned, my mental health corps, then I have my administrative corps which Tracey Berspese heads, and that group of people is performing audits to make sure that everybody else is doing everything correctly. We are using our pharmacy correctly. We are doing the best that we can to keep costs down, using generic drugs, and that all of our providers and people that are writing prescriptions, that everybody is certified appropriate to do this, and that our patients actually get their medications when they get to the pharmacy. So that is part of coordination of care. And I can assure you we are performing these audits because I want to make sure that we have funding to treat our patients. Presumably you guys are going to unanimously confirm this bill, and I want the money to be there to treat our patients.

Mr. LANCE. Thank you very much, Doctor.

And to Mr. Howley and Ms. Burnette, thank you for your superb public service, and certainly, we honor that public service.

Ms. Burnette, what position did you play in basketball when you played basketball?

Ms. BURNETTE. Point guard.

Mr. LANCE. Point guard. I was 5'8" so I never played basketball.

Mr. Chairman, I have a letter from, I think, 38 members of the New York and New Jersey Delegation to Speaker Boehner and Leader Pelosi requesting early passage of this bill. I would request that it be submitted for the record.

Mr. PITTS. The gentleman seeks unanimous consent—

Mr. LANCE. I seek—

Mr. PITTS [continuing]. To put in the record.

Without objection, so ordered.

[The information appears at the conclusion of the hearing.]

Mr. LANCE. Thank you, and I yield back 7 seconds.

Mr. PITTS. The Chair thanks the gentleman.

Now recognizes the ranking member of the full committee, Mr. Pallone, 5 minutes for questions.

Mr. PALLONE. Thank you, Mr. Chairman.

Dr. Udasin, I wanted to get into the—try to have you explain, if you will, the importance of not only the Rutgers Center but all of the centers that are part of this World Trade Program in terms of research, because there is an extensive research component, and I want you to kind of emphasize if you can how you are developing diagnosis and treatment of disorders that, you know, people might not even be aware of, and how that research and, you know, the uniqueness of the center makes that possible. Could—so could you just kind of describe how the Rutgers Center is involved in research into World Trade Center-related conditions, and how that research is improving our ability to diagnose and treat WTC-related health conditions, and the benefits of that research?

Dr. UDASIN. So answering the Rutgers only—

Mr. PALLONE. That is fine, sure.

Dr. UDASIN [continuing]. Rutgers and NYU research is, we have a lot of sleep apnea experts in those 2 centers, and what I am really proud to say is that between our laboratory toxicologists and our sleep experts, we have developed certain markers that we are seeing in certain of our patients. Dr. Sundaram, one of our sleep experts, presented this at the recent American Thoracic Society meetings, that certain markers were developed that certain people can be predicted possibly to have sleep apnea. And this is really important because these are inflammatory markers, and these people at 9/11 site were exposed to all kinds of toxins that can cause inflammation. And so because of that association between environmental exposures and inflammation, we have been able to find people a lot sooner, get them treated. And for people to think about sleep apnea and the environment, because traditionally sleep apnea was thought of something that you had to be enormously obese to get, and we have patients that are not quite playing point guard, but are in awfully good shape that have sleep apnea. And we are able to—as I said, we—because of our occupational expertise, sleep apnea is a very serious condition. There was somebody who died

recently, a celebrity, on the New Jersey Turnpike because a bus driver fell asleep. And we have a lot of our patients who have to drive commercial vehicles, operate planes, operate the subway, operate all kinds of heavy equipment, and it is really good that we are able to treat them and keep them safe and awake. And I feel like that is one thing our research has accomplished, which is not only applicable to our patients, but it is applicable to other people with environmental exposures.

Mr. PALLONE. I appreciate that. The other thing I wanted to—if you could get across is how we can expect an increase among the population that—of these 9/11-related conditions. In other words, my understanding is as time goes on, we find more cancers, more disorders, you know, as people get older, that maybe didn't exist before and that have to be—and that now we are finding through your research or others in these centers that are related to 9/11 that we didn't know about before.

Dr. UDASIN. So I want to say that certain kinds of malignancies—poietic malignancies, have very short latency periods, and you would expect to see something like that within just a couple of years after exposure to toxins, but other toxins like asbestos have much longer latency periods, and they might be seen later on and at a different time.

And if I could use just a few minutes to also answer a question that you asked Dr. Howard earlier about mistakes made by providers outside of the program. If I could just add that we have found in the program that people have been undertreated by local providers for various cancers, for various severe lung conditions like pulmonary fibrosis, and I do want to say, even though that wasn't exactly the question you asked, I do want to say that we have been able to improve the health care by tuning up, by getting better diagnostic services to our patients than they were able to get from some of the local people.

Mr. PALLONE. Thank you very much.

Thank you, Mr. Chairman.

Mr. PITTS. The Chair thanks the gentleman.

That concludes the questions of the members. They will have follow-up questions in writing. We will submit those to you, ask that you please respond promptly.

I would remind members they have 10 business days to submit questions for the record. And they should submit their questions by the close of business on Thursday, June 25.

Thank you very much for sharing your personal experience, for your excellent testimony. The committee will take up this legislation, I assure you, and act on it. And you have performed a public service by being here today. Thank you very much.

And without objection, the subcommittee is adjourned.

[Whereupon, at 12:41 p.m., the subcommittee was adjourned.]

[Material submitted for inclusion in the record follows:]



114TH CONGRESS
1ST SESSION

H. R. 1786

To reauthorize the World Trade Center Health Program and the September 11th Victim Compensation Fund of 2001, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 14, 2015

Mrs. CAROLYN B. MALONEY of New York (for herself, Mr. NADLER, Mr. KING of New York, Mr. GIBSON, Mr. TONKO, Mr. HANNA, Mr. KATKO, Ms. SLAUGHTER, Mr. HIGGINS, Mr. FITZPATRICK, Mr. CONNOLLY, Mr. POCAN, Ms. LOFGREN, Mr. LANCE, Ms. CLARKE of New York, Mr. RANGEL, Mr. CROWLEY, Mr. SERRANO, Mr. ENGEL, Mrs. LOWEY, Mr. SEAN PATRICK MALONEY of New York, Mr. GRIJALVA, Mr. VARGAS, Mr. SMITH of New Jersey, Ms. STEFANIK, Mr. COLLINS of New York, Mr. LARSON of Connecticut, Mr. COURTNEY, Ms. DELAURO, Mr. HIMES, Ms. ESTY, Ms. NORTON, Ms. SCHAKOWSKY, Mr. MCGOVERN, Mr. MACARTHUR, Mr. PALLONE, Mr. SIRES, Mr. PASCRELL, Mrs. WATSON COLEMAN, Mr. ZELDIN, Mr. ISRAEL, Miss RICE of New York, Mr. MEEKS, Ms. MENG, Ms. VELÁZQUEZ, Mr. JEFFRIES, Mr. CÁRDENAS, Mr. LOBIONDO, Mr. LYNCH, Mr. REED, Mr. MURPHY of Florida, Mr. PAYNE, and Mrs. CAPPS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Budget and the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To reauthorize the World Trade Center Health Program and the September 11th Victim Compensation Fund of 2001, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “James Zadroga 9/11
3 Health and Compensation Reauthorization Act”.

4 **SEC. 2. REAUTHORIZING THE WORLD TRADE CENTER**
5 **HEALTH PROGRAM.**

6 (a) WORLD TRADE CENTER HEALTH PROGRAM
7 FUND.—Section 3351 of the Public Health Service Act
8 (42 U.S.C. 300mm–61) is amended—

9 (1) in subsection (a)—

10 (A) in paragraph (2)—

11 (i) in the matter preceding subpara-
12 graph (A), by striking “each of fiscal years
13 2012” and all that follows through
14 “2011)” and inserting “fiscal year 2015
15 and each subsequent fiscal year”; and

16 (ii) by striking subparagraph (A) and
17 inserting the following:

18 “(A) the Federal share, consisting of—

19 “(i) for fiscal year 2015,
20 \$431,000,000; and

21 “(ii) for each subsequent fiscal year,
22 the amount specified under this subpara-
23 graph for the previous fiscal year increased
24 by the percentage increase in the medical
25 care component of the consumer price
26 index for all urban consumers as estimated

1 by the Secretary for the 12-month period
2 ending with March of the previous year;
3 plus”; and

4 (B) by striking paragraph (4) and insert-
5 ing the following:

6 “(4) AMOUNTS FROM PRIOR FISCAL YEARS.—
7 Amounts that were deposited, or identified for de-
8 posit, for any fiscal year preceding fiscal year 2015,
9 under paragraph (2)(A)(ii)(I), as such paragraph
10 was in effect on the day before the date of enact-
11 ment of the James Zadroga 9/11 Health and Com-
12 pensation Reauthorization Act, that were not ex-
13 pended in carrying out this title for any such fiscal
14 year, shall remain deposited, or be deposited, as the
15 case may be, into the Fund.

16 “(5) AMOUNTS TO REMAIN AVAILABLE UNTIL
17 EXPENDED.—Amounts deposited into the Fund
18 under this subsection shall remain available until ex-
19 pended.”;

20 (2) in subsection (b)(1), by striking “sections
21 3302(a)” and all that follows through “3342” and
22 inserting “sections 3301(e), 3301(f), 3302(a),
23 3302(b), 3303, 3304, 3305(a)(1), 3305(a)(2),
24 3305(c), 3341, and 3342”; and

25 (3) in subsection (c)—

1 (A) in paragraph (1)(C), by striking “con-
2 sumer price index for all urban consumers (all
3 items; United States city average)” and insert-
4 ing “medical care component of the consumer
5 price index for all urban consumers”;

6 (B) in paragraph (2)—

7 (i) in subparagraph (B), by striking
8 “and” at the end;

9 (ii) in subparagraph (C)—

10 (I) by striking “for each subse-
11 quent fiscal year” and inserting “for
12 each of fiscal years 2013 through
13 2014”; and

14 (II) by striking the period and
15 inserting a semicolon; and

16 (iii) by adding at the end the fol-
17 lowing:

18 “(D) for fiscal year 2015, \$200,000; and

19 “(E) for each subsequent fiscal year, the
20 amount specified under this paragraph for the
21 previous fiscal year increased by the percentage
22 increase in the consumer price index for all
23 urban consumers (all items; United States city
24 average) as estimated by the Secretary for the

1 12-month period ending with March of the pre-
2 vious year.”; and

3 (C) in paragraph (4)—

4 (i) in subparagraph (B), by striking
5 “and” at the end;

6 (ii) in subparagraph (C)—

7 (I) by striking “for each subse-
8 quent fiscal year” and inserting “for
9 each of fiscal years 2013 through
10 2016”; and

11 (II) by striking the period and
12 inserting a semicolon; and

13 (iii) by adding at the end the fol-
14 lowing:

15 “(D) for fiscal year 2017, \$15,000,000;
16 and

17 “(E) for each subsequent fiscal year, the
18 amount specified under this paragraph for the
19 previous fiscal year increased by the percentage
20 increase in the consumer price index for all
21 urban consumers (all items; United States city
22 average) as estimated by the Secretary for the
23 12-month period ending with March of the pre-
24 vious year.”.

1 (b) REGULATIONS.—Section 3301 of the Public
2 Health Service Act (42 U.S.C. 300mm) is amended by
3 adding at the end the following:

4 “(i) REGULATIONS.—The WTC Program Adminis-
5 trator is authorized to promulgate such regulations as
6 such Administrator determines necessary to administer
7 this title.”.

8 (c) CLINICAL CENTERS OF EXCELLENCE AND DATA
9 CENTERS.—Section 3305 of the Public Health Service Act
10 (42 U.S.C. 300mm–4) is amended—

11 (1) in subsection (a)—

12 (A) in paragraph (1)(B), by inserting “and
13 retention” after “outreach”; and

14 (B) in paragraph (2)(A)—

15 (i) in clause (i), by inserting before
16 the semicolon “, including data on the
17 evaluation of any new WTC-related health
18 conditions identified under section
19 3304(a)”; and

20 (ii) in clause (iii), by inserting “and
21 retention” after “outreach”; and

22 (2) in subsection (b)(1)(B)(vi), by striking “sec-
23 tion 3304(c)” and inserting “section 3304(d)”.

24 (d) WORLD TRADE CENTER RESPONDERS.—Section
25 3311(a)(4)(B)(i)(II) of the Public Health Service Act (42

1 U.S.C. 300mm–21(a)(4)(B)(i)(II)) is amended by striking
2 “through the end of fiscal year 2020”.

3 (e) WORLD TRADE CENTER SURVIVORS.—Section
4 3321(a)(3)(B)(i)(II) of the Public Health Service Act (42
5 U.S.C. 300mm–31(a)(3)(B)(i)(II)) is amended by striking
6 “through the end of fiscal year 2020”.

7 (f) PAYMENT OF CLAIMS.—Section 3331(d)(1)(B) of
8 the Public Health Service Act (42 U.S.C. 300mm–
9 41(d)(1)(B)) is amended—

10 (1) by striking “in fiscal years 2012 through
11 2015” and inserting “of each subsequent fiscal
12 year”; and

13 (2) by striking “and with respect to calendar
14 quarters in fiscal year 2016” and all that follows
15 and inserting a period.

16 (g) WORLD TRADE CENTER HEALTH REGISTRY.—
17 Section 3342 of the Public Health Service Act (42 U.S.C.
18 300mm–52) is amended by striking “April 20, 2009” and
19 inserting “January 1, 2015”.

20 **SEC. 3. REAUTHORIZING THE SEPTEMBER 11TH VICTIM**
21 **COMPENSATION FUND OF 2001.**

22 (a) PURPOSE.—Section 403 of the Air Transpor-
23 tation Safety and System Stabilization Act (49 U.S.C.
24 40101 note) is amended—

1 (1) by inserting “full” before “compensation”;
2 and

3 (2) by inserting “, or the rescue and recovery
4 efforts during the immediate aftermath of such
5 crashes” before the period.

6 (b) TIMING REQUIREMENTS FOR FILING A CLAIM.—
7 Section 405 of the Air Transportation Safety and System
8 Stabilization Act (49 U.S.C. 40101 note) is amended—

9 (1) in subsection (a)(3)(B)—

10 (A) by striking “during the period” and in-
11 serting “during an indefinite period”;

12 (B) by striking “section 407(b)” and in-
13 serting “section 407(b)(1)”; and

14 (C) by striking “and ending on” and all
15 that follows and inserting a period; and

16 (2) in subsection (c)(3)—

17 (A) in subparagraph (A)(iii), by striking
18 “section 407(a)” and inserting “section
19 407(b)(1)”; and

20 (B) in subparagraph (C)(ii)(II), by striking
21 “section 407(b)” and inserting “section
22 407(b)(1)”.

23 (c) PAYMENTS TO ELIGIBLE INDIVIDUALS.—Section
24 406(d) of the Air Transportation Safety and System Sta-
25 bilization Act (49 U.S.C. 40101 note) is amended—

1 (1) in paragraph (1)—

2 (A) by striking “section 407(b)” and in-
3 serting “section 407(b)(1)”; and

4 (B) by striking “\$2,775,000,000” and in-
5 serting “such sums as may be necessary to
6 carry out this Act”; and

7 (2) in paragraph (2)—

8 (A) in subparagraph (A), in the matter
9 preceding clause (i), by striking “shall ratably
10 reduce the amount of compensation due claim-
11 ants under this title in a manner” and inserting
12 “may ratably reduce the amount of compensa-
13 tion due claimants under this title if nec-
14 essary”; and

15 (B) in subparagraph (B)—

16 (i) in the matter preceding clause (i),
17 by striking “on or after the first day” and
18 all that follows through “the difference be-
19 tween” and inserting “the Special Master,
20 when amounts are available, shall pay to
21 the claimant the amount that is equal to
22 the difference between”;

23 (ii) in clause (i)—

24 (I) by striking “during such pe-
25 riod”; and

1 (II) by striking “applicable to
2 such period” and inserting “applicable
3 to the 5-year period described in such
4 paragraph”; and
5 (iii) in clause (ii), by striking “during
6 such period”.

7 (d) REGULATIONS.—Section 407(b) of the Air Trans-
8 portation Safety and System Stabilization Act (49 U.S.C.
9 40101 note) is amended—

10 (1) by striking “Not later than” and inserting
11 the following:

12 “(1) JAMES ZADROGA 9/11 HEALTH AND COM-
13 PENSATION ACT OF 2010.—Not later than”; and

14 (2) by adding at the end the following:

15 “(2) JAMES ZADROGA 9/11 HEALTH AND COM-
16 PENSATION REAUTHORIZATION ACT.—Not later than
17 180 days after the date of enactment of the James
18 Zadroga 9/11 Health and Compensation Reauthor-
19 ization Act, the Special Master shall update the reg-
20 ulations promulgated under subsection (a) to the ex-
21 tent necessary to comply with the amendments made
22 by such Act.”.

1 **SEC. 4. AMENDMENT TO EXEMPT PROGRAMS.**

2 (a) IN GENERAL.—Section 255(g)(1)(B) of the Bal-
3 anced Budget and Emergency Deficit Control Act of 1985
4 (2 U.S.C. 905(g)(1)(B)) is amended by—

5 (1) inserting after the item relating to Retire-
6 ment Pay and Medical Benefits for Commissioned
7 Officers, Public Health Service the following:

8 “September 11th Victim Compensation
9 Fund (15–0340–0–1–754).”; and

10 (2) inserting after the item relating to the Vol-
11 untary Separation Incentive Fund the following:

12 “World Trade Center Health Program
13 Fund (75–0946–0–1–551).”.

14 (b) APPLICABILITY.—The amendments made by this
15 section shall apply to any sequestration order issued under
16 the Balanced Budget and Emergency Deficit Control Act
17 of 1985 (2 U.S.C. 900 et seq.) on or after the date of
18 enactment of this Act.

○

Rep. Peter King Statement for the Health Subcommittee Hearing entitled “Examining H.R. 1786, James Zadroga 9/11 Health and Compensation Reauthorization Act”

June 11, 2015

I would like to thank Chairman Pitts and Ranking Member Green for holding today’s hearing on the *James Zadroga 9/11 Health and Compensation Reauthorization Act* (H.R. 1786). I am pleased that the Committee has recognized the need to extend this law. The World Trade Center (WTC) Health Program and September 11th Victim Compensation Fund (VCF) have been lifelines for my constituents, as well as 9/11 responders and survivors nationwide.

The World Trade Center (WTC) Health Program provides monitoring of 9/11 –related conditions for over 70,000 first responders and survivors in all 50 states. The data collected is essential to understanding the long term health effects of 9/11. The program provides treatment, through Clinical Centers of Excellence, to thousands in New York, New Jersey, Connecticut, and Pennsylvania. Nearly 8,000 more responders and survivors access monitoring and care through a nationwide network of medical providers. A permanent WTC Health Program would allow some stability to participants, many of whom were cut down in the prime of their lives by debilitating cancers, respiratory illnesses, and other chronic diseases.

We have an obligation as Americans to provide these heroes the healthcare that they need. I would once again like to thank Chairman Pitts and Ranking Member Green for taking this significant first step in making the WTC Health Program and VCF permanent.



INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

HAROLD A. SCHAIBERGER
General President

THOMAS H. MILLER
General Secretary-Treasurer

Statement of Harold A. Schaiberger, General President, International Association of Fire Fighters

Regarding H.R. 1786, James Zadroga 9/11 Health and Compensation Reauthorization Act

Before the Committee on Energy and Commerce Subcommittee on Health

June 11, 2015

The memory of the September 11, 2001 terrorist attacks that claimed so many lives in New York, at the Pentagon, and in Shanksville, Pennsylvania, will never fully vanish. Of the nearly 3000 individuals who died on that day, 343 were New York City fire fighters. In the ensuing days, weeks and months, scores of their brother and sister fire fighters toiled at Ground Zero to search for survivors, and later, to recover those who were lost.

What these heroes, men and women who wanted nothing more than to help America recover from a national tragedy, didn't realize was that Ground Zero had become a toxic and hazardous environment, putting the health and lives of responders and local workers and residents at risk. They were exposed to a dangerous cocktail of dust and chemicals, including carcinogens such as benzene, asbestos and dioxins. The mixture was inhaled, ingested and absorbed. Underground fires and rubble removal operations allowed elevated air contamination to persist for months. The sad result was that more than 30,000 responders and survivors developed injury and illness - injury and illness that is directly attributable to their work at, and proximity to, Ground Zero.

To ensure responders and survivors received adequate care, in 2010 Congress passed the James Zadroga 9/11 Health and Compensation Act, establishing the World Trade Center Health Program to provide medical monitoring and treatment for 9/11-related health conditions. Because these illnesses also caused major financial strains on responders and survivors, many of whom are no longer able to work, the bill also reopened the September 11 Victim Compensation fund to provide compensation for economic damages and losses due to illness or injury.

By nearly all accounts, the programs have been wildly successful. According to the Centers for Disease Control, over 70,000 responders and survivors have registered with the World Trade Center Health Program. Additionally, over 21,000 individuals availed themselves of treatment through the Program in the past year, including over 1800 persons living outside of the New York City area.

Diseases detected and treated through the World Trade Center Health Program include aerodigestive disorders such as chronic obstructive pulmonary disease and asthma, certain musculoskeletal disorders and a multitude of cancers. The program also treats responders and survivors for mental health disorders including post-traumatic stress disorder.

Fire fighters and other first responders have been particularly affected. Nearly 900 members of the New York City Fire Department and more than 550 New York Police Department personnel are currently struggling with severe 9/11-related illnesses, not including the more than 100 fire fighters and 80 police officers who have already died from such illnesses.

Despite the clear need for the programs established by the Zadroga Act, they will expire without Congressional action. The World Trade Center Health Program will expire in October 2015, and the Victim Compensation Fund will close in October 2016. This, even though many of the 9/11 illnesses are persistent and life-long. This, even though 9/11 illnesses are still being diagnosed in many. Cancer, in particular, continues to develop in responders and survivors due to its long latency period. To date, medical research has identified more than 60 types of cancer caused by the 9/11 toxins. Nearly 4000 individuals have been diagnosed with cancers caused by or worsened by the aftermath of the attacks, a number which will surely continue to rise.

Furthermore, the long-term health consequences in responders and survivors are unknown. Their exposure was sustained and unprecedented in medical history. We have no way of knowing what the health impact will be ten years from now. Regular monitoring will help ensure that latent diseases and worsening conditions are detected and treated early, allowing for better health outcomes.

If we fail to reauthorize the Zadroga Act, responders and survivors will no longer have access to expert monitoring and treatment. If we fail to reauthorize the Zadroga Act, responders and survivors with newly diagnosed or worsening illnesses will be left uncompensated for their injuries.

That is why we must, today, move to advance H.R. 1786, the James Zadroga 9/11 Health and Compensation Reauthorization Act. The act would permanently extend the World Trade Center Health Program and the September 11 Victim Compensation Fund so that the heroes of 9/11 will continue to receive monitoring, treatment, and compensation without interruption.

The act, sponsored by Representatives Carolyn Maloney (D-NY), Peter King (R-NY), and Jerry Nadler (D-NY) has, to date, gained 82 bipartisan cosponsors from every corner of this nation. Members of this House recognize that this legislation is by no means a regional concern. Responders came from all over the country to aid in the response to the attacks, and some local responders from New York, Virginia and Pennsylvania have since moved. 9/11 responders and survivors today reside in every state, and 431 of 435 Congressional districts.

Unlike the original law, H.R. 1786 would make the World Trade Center Health Program and the September 11 Victim Compensation Fund permanent. The survivors of 9/11 should not have to worry every few years that their health care might vanish. They should not have to worry about how they would support their families were they to become ill. They should not have to worry about partisan politics in Washington D.C. when their lives and livelihoods are on the line.

Passing the original Zadroga Act took seven long years. We cannot and must not allow years to pass before we reauthorize this critical law. Those who responded on 9/11 and in the following months selflessly put their lives and health on the line to help America recover from a national tragedy. It is our patriotic duty and our moral obligation to continue providing them the care they need and deserve.

SERGEANTS BENEVOLENT ASSOCIATION

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OFFICE OF THE PRESIDENT
EDWARD D. MULLINS

TESTIMONY

of

**Ed Mullins, President
Sergeants Benevolent Association of the
New York City Police Department**

on

**“Examining H.R. 1786, James Zadroga 9/11 Health and
Compensation Reauthorization Act”**

Before the

**Subcommittee on Health
Committee on Energy & Commerce,
U.S. House of Representatives**

June 11, 2015

Mr. Chairman, Ranking Member Green, and Members of the Subcommittee:

Thank you for the opportunity to submit testimony on behalf of the Sergeants Benevolent Association of the New York City Police Department (SBA) for this important hearing on reauthorization of James Zadroga 9/11 Health & Compensation Act. The SBA is an independent labor organization representing more than 13,000 active and retired Sergeants of the New York City Police Department (NYPD). The SBA's members were among those who spent countless hours engaged in both the initial response to the attacks on September 11, 2001, as well as the rescue and recovery efforts which followed.

The SBA is grateful to you for scheduling this hearing early in the reauthorization process, and to Full Committee Chairman Upton and Ranking Member Pallone for their recent comments in support of reauthorizing the Zadroga Act. Our members strongly support the passage of H.R. 1786, the "James Zadroga 9/11 Health and Compensation Reauthorization Act." We respectfully request that the Subcommittee advance this legislation to provide a permanent reauthorization of the Zadroga Act as expeditiously as possible.

* * *

It goes without saying that none of us will ever forget September 11, 2001. We will never forget the images of the collapse of the World Trade Center buildings, or a gaping cavern in the side of the Pentagon filled with smoke and fire, or the debris of Flight 93 in a Pennsylvania field. For those of us who served at Ground Zero, we especially remember the dust-covered landscape and the first responders who went rushing in to the debris cloud as residents and office workers streamed out. We remember the rescue workers who spent hours, days, and weeks searching for survivors, victims, and evidence in the buildings' wreckage. Nor will we ever forget our friends, our loved ones, and our colleagues who made the ultimate sacrifice responding to the heinous terrorist attacks that unfolded on that fateful day—brave men and women such as Sergeants John G. Coughlin, Michael S. Curtin, Rodney C. Gillis, and Timothy A. Roy.

Many of our members were among those who spent countless hours engaged in both the initial response to the attacks on September 11, 2001, as well as the rescue and recovery efforts at Ground Zero in the weeks and months that followed. A smaller yet ever-growing number of our members have developed and are struggling with health conditions related to their service at the World Trade Center (WTC) site. Unfortunately, we continue to lose members to WTC-related health conditions. To date, the nine (9) Sergeants listed below have lost their lives from WTC-related cancers as a result of their service at Ground Zero and countless others are suffering today from life threatening illnesses.

Sergeant Claire Hanrahan
Uterine Cancer
August 28, 2007

Sergeant Harold Smith
Renal Cell Cancer
March 5, 2011

Sergeant Michael Ryan
Non-Hodgkin's Lymphoma
November 5, 2007

Sergeant Garrett S. Danza
Brain Cancer
July 11, 2012

Sergeant Edward Thompson
Lung Cancer
March 20, 2008

Sergeant Donald O'Leary
Lung Cancer
March 26, 2014

Sergeant Alex Baez
Lung Cancer
November 21, 2008

Sergeant Paul Ferrara
Lung Cancer
August 28, 2014

Sergeant Charles Clark
Lung Cancer
November 7, 2009

It is because of these nine Sergeants, their families, and countless others that the SBA has always worked tirelessly to ensure the federal government honors its responsibility to the men and women who made the ultimate sacrifice on September 11th, and to those who answered the call at Ground Zero and continue to get sick because of their selfless service. "9/11 health" is one of the most critical issues facing our organization and the NYPD as a whole. But is of equally great importance to the national law enforcement community, and we are pleased to be joined in our efforts in support of H.R. 1786 by organizations representing more than 700,000 federal, state, and local law enforcement officers in all 50 states.

As the support of these groups and others demonstrates, providing for those who sacrificed their health responding to the terrorist attacks of September 11th is an issue of nationwide breadth and scope. One look at the World Trade Center Health Program (WTCHP) enrollment of first responders is proof enough that 9/11 health can no longer be called a "New York City issue." It is a national health crisis. The long-term health effects from exposure to the deadly cocktail of toxins at Ground Zero are affecting brave people in every U.S. state and reside in 429 of 435 Congressional Districts. As of last August, for example, there were approximately 13,000 first responders registered for monitoring or treatment under the WTCHP who resided *outside* of New York State. There are nearly 1,000 first responders from Pennsylvania, 230 from Texas, 430 from Virginia, and 2,100 from the State of Florida. When New York is removed from the equation, the Members of this Subcommittee alone come from states with a combined total of more than 10,000 first responders in the WTCHP. On the Congressional District level, Subcommittee Members directly represent approximately 2,400 constituents who are enrolled in the WTCHP.

Because this is a national health crisis, we as a nation owe it to these heroes to do everything we can to honor the sacrifices they made in carrying out their sworn duty to protect and serve on that fateful day. The James Zadroga 9/11 Health and Compensation Act which this Congress passed and the President signed into law in January 2011 was in fulfillment of that obligation. That law established the WTCHP within the National Institute for Occupational Safety and Health, provided medical monitoring and treatment options for seriously ill first responders across the nation, enabled critical research into conditions such as cancers that may be WTC-related, and reopened the 9/11 Victims Compensation Fund for those who did not file or became sick after the original fund closed in December 2003.

Since enactment of the original Zadroga Act, those who are sick and the families of the fallen have found support and assistance through the World Trade Center Health Program. Today, the WTCHP serves participants with a variety of certified WTC-related health conditions, including more than 3,200 people who have been diagnosed with a WTC-related cancer. But there is still more to be done. We have only begun to see the long-term health effects of the countless hours spent engaging in the rescue and recovery efforts at Ground Zero. To date, over two-thirds of the members of the WTCHP have been diagnosed with more than one illness. The WTC Health Program has identified more than 60 types of cancer caused by exposure to the toxins at Ground Zero. And most shockingly, the number of NYPD officers who have died of a WTC-related illness is nearly *triple* the 23 who perished in the collapse of the Trade Center towers on 9/11. Just this past year alone, fourteen of eighteen officers who fell in the line of duty in 2014 and were added to the New York City Police Memorial Wall died of fatal WTC-related illnesses (*see Attachment 1*). It is for these and many other reasons that we call on Congress to reauthorize the Zadroga Act as quickly as possible.

The legislation introduced in the House as H.R. 1786 ensures a long-term reauthorization of the Zadroga Act and the WTCHP, and ongoing care for those who sacrificed so much in responding to the terrorist attacks of 9/11. Specifically, H.R. 1786 will allow the WTCHP to continue to provide long-term medical monitoring and treatment services nationwide for the first responders who labored in the toxic environment of Ground Zero. It will also ensure the continuation of research into the diagnosis and treatment of WTC-related health conditions, and the adequacy and coordination of care for victims. In so doing, this legislation honors the sacrifice that so many of our fellow officers and their families have made for carrying out their sworn duty to protect and serve on that fateful day.

In considering this legislation, we would particularly and strongly urge this Subcommittee to approve a permanent reauthorization of the Zadroga Act. As you will recall, the path to enactment of the first Zadroga Act took many years, and was approved as literally one of the last actions of the 111th Congress. Over the course of the past four years, however, the WTCHP has proven its effectiveness in monitoring and treating WTC-related illnesses in law enforcement officers and other first responders. The WTCHP has functioned on budget and as intended by Congress. In short, it has exceeded the expectations of its strongest supporters in providing nationwide health care services for 9/11 health conditions, and it has countered the apprehensions of its strongest critics.

Finally, a “permanent reauthorization” of the Zadroga Act is really permanent in name only. There are not children being born today with 9/11-related health conditions, nor are there individuals suffering new exposures to the 9/11 toxins. With the number of 9/11-related deaths among WTCHP enrollees and the first responder community increasing, there will be an end to the Zadroga Act’s programs. And it will likely be upon us much sooner than we would want or hope. It is for these reasons and many others that we request Congress permanently reauthorize the Zadroga Act, and guarantee that the WTCHP will continue to be available to the first responders who need it most, and for as long as they need it.

In conclusion, Mr. Chairman, despite the strides that have been made to care for those who are ill and the families of the fallen, there is still more to be done. The WTCHP continues to identify illnesses caused by exposure to the toxins at Ground Zero, first responders continue to be diagnosed with WTC-related illnesses, and first responders continue to die from 9/11. With the deadline for reauthorization getting closer each day, we would urge this Subcommittee and the full Committee to approve H.R. 1786 and permanently reauthorize the Zadroga Act as expeditiously as possible.

We appreciate the opportunity to provide this testimony to the Subcommittee. The SBA stands ready to work with you and other Members on this important legislation.

Attachment 1

On May 7, 2015, the New York City Police Department (NYPD) added 18 fallen officers to the memorial Wall of Honor at the NYPD's headquarters which already lists the names of 863 fallen law enforcement officers. This year, the 18 included Detectives Wenjian Liu and Rafael Ramos, who were assassinated on December 20, 2014. Even more notable was that 14 of the 18 officers were men and women who died of a cancer related to their service at Ground Zero following the 9/11 terrorist attacks. As of today, more NYPD officers have died of a 9/11-related illness than fell on September 11, 2001. This year's honorees are:

Captain Ronald Peifer

Command: Patrol Services Bureau

Date of Death: 03/15/14

Cause: Liver Cancer

Captain Ronald Peifer died from illnesses he contracted while inhaling toxic materials as he participated in the rescue and recovery efforts at the World Trade Center site following the terrorist attacks on September 11, 2001. Captain Peifer had served with the New York City Police Department for 40 years. He had previously served with the United States Air Force during the Vietnam War, and was assigned to the NYPD's Patrol Services Bureau. He is survived by his wife and two children.

* * *

Sergeant Paul Ferrara

Command: 110th Precinct

Date of Death: 08/28/14

Cause: Lung Cancer

Sergeant Paul Ferrara died from illnesses he contracted while inhaling toxic materials as he participated in the rescue and recovery efforts at the World Trade Center site following the terrorist attacks on September 11, 2001. Sergeant Ferrara had served with the New York City Police Department for 22 years and was assigned to the 110th Precinct. He is survived by his wife and son.

* * *

Sergeant Donald O'Leary

Command: Transit Bureau-District 11

Date of Death: 03/26/14

Cause: Lung Cancer

Sergeant Donald O'Leary died from illnesses he contracted while inhaling toxic materials as he participated in the rescue and recovery efforts at the World Trade Center site following the terrorist attacks on September 11, 2001. Sergeant O'Leary had served with the New York City Police Department for 21 years and was assigned to Transit District 11. He is survived by his wife.

* * *

Detective Angel Creagh

Command: Narcotics Bureau

Date of Death: 01/14/14

Cause of Death: Pancreatic Cancer

Detective Angel Creagh died from illnesses he contracted while inhaling toxic materials as he participated in the rescue and recovery efforts at the World Trade Center site following the terrorist attacks on September 11, 2001. Detective Creagh had served with the New York City Police Department for 14 years and had to retire in 2012 due to his illness. He was assigned to Narcotics Borough Brooklyn South. He is survived by his wife and four children.

* * *

Detective Michael Henry

Command: 42 Precinct Detective Squad

Date of Death: 11/28/13

Cause of Death: Kidney Cancer

Detective Michael Henry died from illnesses he contracted while inhaling toxic materials as he participated in the rescue and recovery efforts at the World Trade Center site following the terrorist attacks on September 11, 2001. Detective Henry had served with the New York City Police Department for 20 years and was assigned to the 42nd Precinct Detective Squad. He is survived by his wife and son.

* * *

Detective Steven Hom

Command: Narcotics Bureau

Date of Death: 10/19/13

Cause of Death: Stomach Cancer

Detective Steven Hom died from illnesses he contracted while inhaling toxic materials as he participated in the rescue and recovery efforts at the World Trade Center site following the terrorist attacks on September 11, 2001. Detective Hom had served with the New York City Police Department for 18 years and was assigned to Narcotics Borough Brooklyn South. He is survived by his parents and two brothers.

* * *

Detective John Marshall

Command: Narcotics Bureau

Date of Death: 04/06/14

Cause of Death: Skin Cancer

Detective John Marshall died from illnesses he contracted while inhaling toxic materials as he participated in the rescue and recovery efforts at the World Trade Center site following the terrorist attacks on September 11, 2001. Detective Marshall had served with the New York City Police Department for 20 years and was assigned to Narcotics Borough Brooklyn South. He is survived by his wife, mother, and sister.

* * *

Detective Robert Montanez
 Command: Narcotics Bureau
 Date of Death: 03/16/14
 Cause of Death: Bone Cancer

Detective Robert Montanez died from illnesses he contracted while inhaling toxic materials as he participated in the rescue and recovery efforts at the World Trade Center site following the terrorist attacks on September 11, 2001. Detective Montanez had served with the New York City Police Department for 19 years and was assigned to the Narcotics Division Bronx Central Initiative. He is survived by his wife and four children.

* * *

Detective Christopher Strucker
 Command: Intelligence Division
 Date of Death: 01/03/14
 Cause of Death: Lung Cancer

Detective Christopher Strucker died from illnesses he contracted while inhaling toxic materials as he participated in the rescue and recovery efforts at the World Trade Center site following the terrorist attacks on September 11, 2001. Detective Strucker had served with the New York City Police Department for 18 years and was assigned to the Criminal Intelligence Section. He is survived by his wife and two children.

* * *

Detective William Titus
 Command: Narcotics Bureau
 Date of Death: 08/24/03
 Cause of Death: Stomach Cancer

Detective William Titus died from illnesses he contracted while inhaling toxic materials as he participated in the rescue and recovery efforts at the World Trade Center site following the terrorist attacks on September 11, 2001. Detective Titus had served with the New York City Police Department for 17 years and was assigned to Narcotics Borough Brooklyn North. He is survived by his wife and two children.

* * *

Police Officer Anthony DeJesus
 Command: 42 Precinct
 Date of Death: 05/24/13
 Cause of Death: Leukemia

Police Officer Anthony DeJesus died from illnesses he contracted while inhaling toxic materials as he participated in the rescue and recovery efforts at the World Trade Center site following the terrorist attacks on September 11, 2001. Officer DeJesus served with the New York City Police Department for 15 years and was assigned to the 42nd Precinct. He is survived by his wife and two children.

* * *

Police Officer Nicholas Finelli

Command: 43 Precinct

Date of Death: 06/08/13

Cause of Death: Esophageal Cancer

Police Officer Nicholas Finelli died from illnesses he contracted while inhaling toxic materials as he participated in the rescue and recovery efforts at the World Trade Center site following the terrorist attacks on September 11, 2001. Officer Finelli served with the New York City Police Department for 30 years and was assigned to the 43rd Precinct. He is survived by his wife and two children.

* * *

Police Officer Allison Palmer

Command: Patrol Services Bureau

Date of Death: 07/28/08

Cause of Death: Stomach Cancer

Police Officer Allison Palmer died from illnesses she contracted while inhaling toxic materials as she participated in the rescue and recovery efforts at the World Trade Center site following the terrorist attacks on September 11, 2001. Officer Palmer served with the New York City Police Department for 23 years and was assigned to the Patrol Service Bureau. She is survived by her mother.

* * *

Police Officer Perry Villani

Command: Property Clerk Division

Date of Death: 01/21/14

Cause of Death: Lung Cancer

Police Officer Perry Villani died from illnesses he contracted while inhaling toxic materials as he participated in the rescue and recovery efforts at the World Trade Center site following the terrorist attacks on September 11, 2001. Officer Villani served with the New York City Police Department for 16 years and was assigned to the Property Clerk Division. He is survived by his wife and two sons.

Source: NYPD and Officer Down Memorial Page (www.odmp.org)



NATIONAL ASSOCIATION OF POLICE ORGANIZATIONS, INC.

Representing America's Finest

317 South Patrick Street. ~ Alexandria, Virginia ~ 22314-3501
 (703) 549-0775 ~ (800) 322-NAPO ~ Fax: (703) 684-0515
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EXECUTIVE OFFICERS

June 9, 2015

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 President
 Florida Police Benevolent
 Association

CHRIS COLLINS
 Vice President
 Las Vegas Police
 Protective Association

JOHN A. FLYNN
 Recording Secretary
 Patrolmen's Benevolent
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 Benevolent Association

RICHARD WEILER
 Parliamentarian
 Police Officers Labor Council
 of Michigan

WILLIAM J. JOHNSON
 Executive Director and
 General Counsel

The Honorable Joe Pitts
 Chairman

Subcommittee on Health
 House Energy and Commerce Committee
 420 Cannon House Office Building
 Washington, D.C. 20515

The Honorable Gene Green
 Ranking Member

Subcommittee on Health
 House Energy and Commerce Committee
 2370 Rayburn House Office Building
 Washington, D.C. 20515

Dear Chairman Pitts and Ranking Member Green:

On behalf of the National Association of Police Organizations (NAPO), I am writing to submit this statement for the official record in response to the hearing of the House Energy and Commerce Committee's Subcommittee on Health, to examine the James Zadroga 9/11 Health and Compensation Reauthorization Act (H.R. 1786). NAPO is grateful to the Subcommittee for scheduling a hearing on this critical piece of legislation, and we wish to express our strong and unyielding support for the James Zadroga 9/11 Health and Compensation Reauthorization Act.

NAPO is a coalition of police unions and associations from across the United States that serves to advance the interests of America's law enforcement through legislative and legal advocacy, political action, and education. Founded in 1978, NAPO now represents more than 1,000 police units and associations, 241,000 sworn law enforcement officers, and more than 100,000 citizens who share a common dedication to fair and effective crime control and law enforcement.

Thousands of 9/11 first responders and survivors continue to suffer from serious health conditions from their contact with toxic substances at Ground Zero. These heroes put their lives on the line to serve us, and must be afforded every resource available as they cope with chronic health conditions caused by exposure to toxic chemicals at the World Trade Center.

The James Zadroga 9/11 Health and Compensation Reauthorization Act will ensure the continuation of the World Trade Center Health Program (WTCHP) and the September 11th Victim Compensation Fund. Reauthorization of these programs is important to tens of thousands of law enforcement officers and first responders who sacrificed their health on 9/11, and during rescue & recovery efforts that followed at Ground Zero, the Pentagon, and Shanksville, Pennsylvania.

Reauthorization of the Zadroga Act is not a "New York issue;" it is a response to a national health crisis. The events of 9/11 devastated the entire country, not just New York City and Washington, D.C., and the health effects are being felt nationwide. Every U.S. State has at least one individual who is registered with the WTCHP; as do 429 of 435 Congressional districts. If not reauthorized, the specialized care for first responders for cancers and other World Trade Center-related health conditions will go away, as well

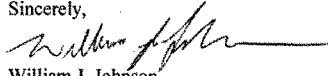
as any local or regional centers that currently provide medical care for first responders outside of New York State.

Additionally, this year's reauthorization of the Zadroga Act must be a permanent one. A permanent reauthorization will ensure that the WTCHP will continue to be available to the first responders who need it most, and for as long as they need it. The authorization of the original Zadroga Act was limited to five years. In that time, we have seen many of our fellow officers fall to World Trade Center—related illnesses, but we have also seen that the WTCHP is a program that works for law enforcement across the nation, and is working as intended. Failing to permanently reauthorize this program will jeopardize the vital healthcare 9/11 first responders need to survive.

Moreover, this bill will not only reauthorize programs to provide critical medical treatment and compensation for 9/11 heroes, but it will also honor those who made the ultimate sacrifice to protect our nation. James Zadroga, a New York City Police Department Detective and member of NAPO, died of respiratory disease caused by his exposure to toxic chemicals at Ground Zero. It is our obligation and duty to remember these heroes and ensure that survivors who risked their lives to protect us continue to receive the treatment and compensation that they deserve.

NAPO stands ready to provide any additional materials you may need as you review this important legislation. If you would like to discuss this issue further, please feel free to contact me at: (703) 549-0775.

Sincerely,

A handwritten signature in black ink, appearing to read 'William J. Johnson', with a long horizontal flourish extending to the right.

William J. Johnson
Executive Director

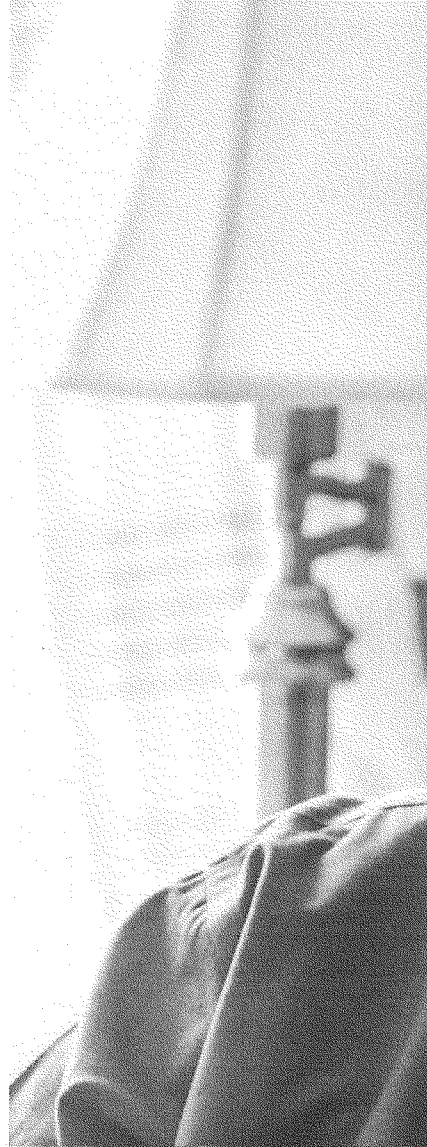
Fifteenth in a series

THE FORGOTTEN VICTIMS

David Howley insists he is optimistic. He admits he has to work at it, both personally and politically, but optimistic he remains.

The 54-year-old retired Highway Patrol officer has to make an effort to keep his spirits up because of two far too familiar facts: He is yet another of the NYPD's first responders to contract cancer after his exposure to the toxins released into the air by the 9/11 attack on the World Trade Center, and once again the U.S. Congress is dragging its feet on coming up with funds to cover the medical treatment of the disaster's victims. This time around, the political issue is about extending the Zadroga Act, signed into law by President Obama in January 2011 following filibustering of the bill by out-of-state Republicans on the grounds that the country couldn't afford the \$4.2 billion involved. An alliance of New York State Democrats and Republicans has now called for the legislation to fund the law beyond its present term for an additional five years, perhaps as far as into 2025, arguing that a whole array of cancers and respiratory ailments have prolonged incubation periods. In spite of medical findings supporting that contention, the budget-first boys don't want to hear any talk about extensions.

As somebody who has fought on both personal and political fronts for the Zadroga legislation for the best part



of a decade, Howley can permit himself a philosophical laugh discussing the two challenges he has had to face. But as he also made clear in a recent interview with The PBA Magazine in the Pittstown, N.J., home he shares with his daughter, having to be philosophical every once in a while before relentless surprises from his body and politicians hardly means being detached. What it really means, he suggests, is having to become expert in a new kind of policing.

PBA: How did you become a cop?

DH: The old-fashioned way. I'm third generation after my father and grandfather. I had some experience doing EMT work, then went to the Academy. After I graduated in 1985, I went with NSU 12, then did patrol out of the First Pct. for five years. Then came Highway Patrol for 10 years and five years in Operations. An even 20 and I was out of there. No lingering at the door.

PBA: You smiled just then when you said Highway Patrol.

DH: Why not? It was great, really great. Absolute freedom, no being tied down to any stationhouse. You escorted dignitaries all over the city, you got to talk to many of them, you got to meet just about anybody who worked for a federal agency. The start of the United Nations sessions every September was a madhouse. That was all hands on deck for our unit. When I was there, we had about 400 people. Last I heard it was down to about 25 percent of that. They must really have their hands full.

PBA: And it was pure escort work?

DH: There were differences. Sometimes you'd have a president or prime minister who had gotten death threats, and things could be more tense in those cases, especially when you had street demos. It sounds exaggerated, but going back and forth from the East Side to some diplomatic mission, you could get as many as 70 jobs a day. Granted that in many cases we had to go only a few blocks, but there was really no time to relax on some of those days. But the United Nations was just part of the job, really took up no more than a month or so.

PBA: There had to be some down things about the duty.

DH: (laughs) Sometimes we had to go out to Queens, and just like everybody else in New York, cab drivers included, I always got lost out there. Not my favorite assignment.

PBA: Of all the people you drove around, anybody in particular stick in your memory?

DH: No question. Bill Clinton. I'm not talking politically, just on a one-on-one personal level. Funniest man I ever met on the job, and maybe away from the job, too. This was before he was president, really even before he started campaigning for it seriously. I guess somebody had made a telephone call to keep an eye on him, and we bundled him into the squad car and took him to these places where he was scheduled to make speeches.

PBA: But you had already moved to Operations by 9/11.

DH: Right. And like everybody else, I can remember vividly where I was. I was having breakfast in a New Jersey diner, and over the counter they had the television on. There was no sound, so when I looked up and saw smoke coming out of the first tower, I wondered why they were showing the 1993 attack on that particular morning. I called in to the office, and they told me there was no need to come in. Then the second plane hit, and that was the end of a lot of breakfasts.

PBA: What were your duties down at Ground Zero?

DH: Oh, everything. From Operations we went back and forth every day for months. As far as immediate physical effects, the worst day was probably the very first one. The dust blew out my sinuses. And that was really it for a couple of years until I started having trouble breathing. I'd already signed up for the Mount Sinai program so I didn't waste any time getting somebody to check it out for me.

PBA: And what did they find?

DH: It was the start of something bad. First there were squamous cells in my neck and throat. Four different times over the next few years they found them. Then they got into the lymph nodes. Twice I've had radiation and chemo treatments. But all these years later they're still looking for the primary tumor area. Then to make bad worse, because of all the chemo, I had a stroke. Talking here today, I'm still numb around my neck nerves and parts of my shoulder.

PBA: What was the reaction of the NYPD to all this?

DH: Not the best. When I applied for my three-quarters, they denied it. Said all these things weren't necessarily the result of being exposed to all those poisons while on duty. That ripped it for me. I got my doctors to give me copies of my X-rays and marched them into these guys and said, "Here, what do you think these shadows are? You see them?" I guess they're right when they say pictures are worth a thousand words. They finally approved my application.

PBA: Have you had any contact with Police Plaza since?

DH: Not lately. And it's really a disgrace that the Department isn't as involved with officers on this as, say, the Fire Department is with the firefighters affected. For me and a lot of other people, it's been only the PBA looking out for us. They're the ones who guided us through all the ins and outs of insurance policies and the rest.

PBA: When did you start getting involved with the Zadroga bill?

DH: From the start. I was with the cops who went down to Washington with then-Commissioner Ray Kelly. I'll never forget sitting in the office of the person who had written the bill and noticing that there was no mention at all of cancer. The answer I got when I pointed that out was that things had to be taken in small steps, that if cancer was part of the language from the beginning, there was no chance the bill would be passed. I told them right then and there, I said this thing is pointless if you don't include cancer. The answer I got? "We're going to add it on as an amendment." That really got to me. When I testified at the federal hearing, I told them, "If you say no to us and we all drop dead of cancer, you'll have to be looking at each other for the rest of your lives. This is new to everybody. Maybe not as urgently to you as to us who were down at the Trade Center, but new to you, too, and you can't act like experienced experts. Isn't it better to err on the side of caution from the start where the cancer is concerned?"

PBA: Some of that got through.

DH: Yeah, some, but not all or else we wouldn't be having this new fight over the extension. I mean, when they finally had their noses rubbed in it, these congressmen were suddenly all up in arms about the abuses and neglect at the Veterans Administration. Well, why can't they also get it in their heads that the number of people killed instantly or subsequently as a result of the September 11 attacks are about the same number of people who were killed at Pearl Harbor in 1941? In fact, the numbers are eerily similar when you factor in the first responders.

PBA: You had only 32 Republicans in Congress voting for the Zadroga bill, and now the Republicans control both Houses of Congress. What is there to be so optimistic about when you're looking for an extension?

DH: I know what it looks like on paper. But we still have a couple of years to get this thing turned around. I really want to believe that the opposition we've encountered isn't because of simple stupidity or pure antagonism, but

just some tendency to feel safe, not to be out there advocating more spending when the country has economic problems.

PBA: But even before the ideological freeze between the parties of recent years, you always had that Drop Dead, New York attitude among many congressmen from other parts of the country.

DH: I know. Nobody said it was going to be easy.

PBA: And practically? What's your first step?

DH: It's got to be one on one. Talk to the Republicans in New York and New Jersey, for instance. Make our case to them individually, get them to understand that those first responders didn't worry about what party they belonged to before they exposed themselves to the toxins that have been killing them ever since. Then hope you've made your case persuasively enough to them that they can make it to colleagues not within our immediate grasp. You reach out for more reaching out.

PBA: And you think that will take.

DH: Absolutely. The people who are still well among those affected are willing to keep up the fight. We've seen too many people die. Nobody can stay indifferent to that, can they?

BIG WIN FOR WTC BENEFITS

PBA secures extension of Notice of Participation filing deadline

In the January 2014 issue of *The PBA* magazine, we profiled Robert Healy and Don Belefiori, two retirees suffering from 9/11-related cancers who were shut out of an accident disability pension due to their failure to file a Notice of Participation with the Police Pension Fund before the 2010 deadline.

After years of PBA lobbying to reopen the Notice of Participation process, there is finally good news for Healy, Belefiori and members like them: In November, Gov. Cuomo signed a PBA-backed bill that will extend the deadline until September 11, 2015. This means that active and retired members who have not already filed the notice may now do so in order to protect their presumptive eligibility for accident disability pension benefits.

To complete the Notice of Participation or to check whether your notice was received by the Police Pension Fund, visit the PPF website at www.nyc.gov/nycppf and click on "WTC Information."

Statement

Congressman Daniel M. Donovan, Jr. (NY-11)

Examining HR 1786, James Zadroga 9/11 Health and Compensation Reauthorization Act

As you know, the James Zadroga 9/11 Health and Compensation Reauthorization Act would extend the World Trade Center Health Program indefinitely, providing first responders and survivors access to important medical services to treat conditions precipitated by exposure to the debris at Ground Zero.

It has been 14 years since the worst attack on our nation's soil, but for the victims and their families, it still feels like yesterday. Our first responders, rescue workers, and construction crews were a band of brothers and sisters that lifted New York City up from our knees and brought her back even greater than before. This bipartisan legislation represents the least we can do to honor the sacrifices of the first responders who answered the call to duty that day and in the weeks and months which followed.

We often think about the victims who perished that day. Our Congressional district lost 300 residents alone. But we must also remember those survivors whose lives have changed because of the attack: those suffering with debilitating illnesses, the children who not only lost a beloved parent, but their provider.

The size and scope of the World Trade Center Health Program is truly staggering. In the last year alone, 71,942 people were enrolled in the program and 20,883 program members received treatment for health conditions caused by the toxic environment around Ground Zero. According to Dr. Howard's written testimony, membership includes people from all fifty states and 429 out of 435 congressional districts. This was not a tragedy that just struck New York – it was an attack on our nation, and it is a national issue that we have a duty to solve together. This is not an issue of dollars and cents. It's an issue of right and wrong. Who are we as a nation if we aren't there for our heroes when they need us?

I strongly urge all of my colleagues to support this important legislation so we may fulfill our national obligation to those who made sacrifices on our behalf in the wake of one of the greatest tragedies in American History. Failing to do so would be an even greater tragedy for the spirit of our nation.

Congress of the United States
Washington, DC 20515

June 11, 2015

Dear Speaker Boehner and Minority Leader Pelosi:

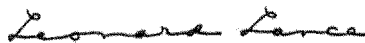
We are writing in support of the reauthorization of the World Trade Center (WTC) Health Program and September 11th Victim Compensation Fund (VCF). As you may know, the programs were established by Congress with the enactment of the James Zadroga 9/11 Health and Compensation Act of 2010 to provide medical treatment and compensation to first responders, rescue workers and survivors who have been sickened or injured at Ground Zero, the Pentagon and Shanksville crash site following the terror attacks of September 11, 2001. Without Congressional action, the health program will expire on September 30, 2015.

Today more than 70,000 first responders or survivors residing in 429 of the 435 congressional districts across the country participate in the WTC Health Program, receiving medical monitoring and treatment for those injuries. Cancers, respiratory ailments and digestive tract disorders are just a few of the complications for those who participated in 9/11 rescue and cleanup efforts.

The House Energy and Commerce Committee will hold a hearing this week to examine the WTC Health Program and hear from patients, physicians and first responders directly about the importance of renewing the program. We commend the Committee for taking this first step toward reauthorization and look forward to seeing H.R. 1786 move forward to ensure first responders and survivors of the 9/11 terrorist attacks on the World Trade Center, the Pentagon and Shanksville, Pennsylvania continue to receive the monitoring and care they deserve and need.

Thank you for your attention to this matter. We look forward to working together and we urge you to move expeditiously to renew these important programs.

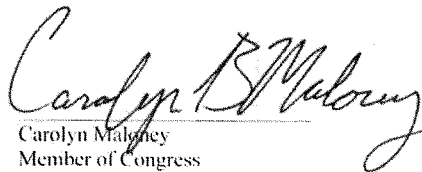
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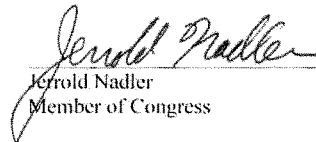
Leonard Lance
Member of Congress




Peter King
Member of Congress



Carolyn Maloney
Member of Congress




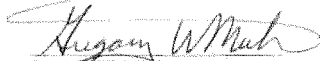
Jerrold Nadler
Member of Congress


Tom MacArthur
Member of Congress



Steve Israel
Member of Congress

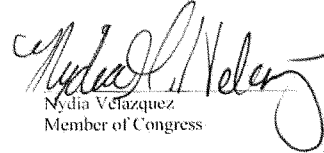

Yvette D. Clarke
Member of Congress


Brian Higgins
Member of Congress


Gregory W. Meeks
Member of Congress



Daniel M. Donovan, Jr.
Member of Congress



Charles B. Rangel
Member of Congress

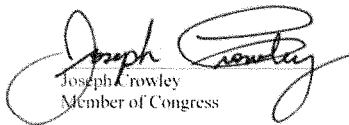

Nydia Velazquez
Member of Congress


Lee Zeldin
Member of Congress


Tom Reed
Member of Congress


Paul D. Tonko
Member of Congress


Louise M. Slaughter
Member of Congress


Joseph Crowley
Member of Congress


Chris Smith
Member of Congress



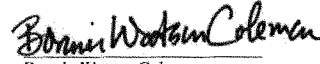
Chris Collins
Member of Congress



Donald M. Payne, Jr.
Member of Congress



Eliot L. Engel
Member of Congress



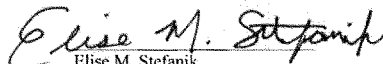
Bonnie Watson Coleman
Member of Congress



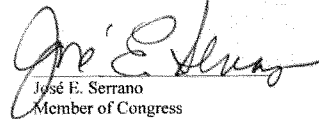
Bill Pascrell, Jr.
Member of Congress



Albio Sires
Member of Congress



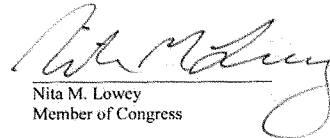
Elise M. Stefanik
Member of Congress



José E. Serrano
Member of Congress



Richard Hanna
Member of Congress



Nita M. Lowey
Member of Congress



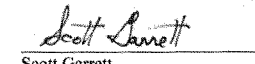
Sean Patrick Maloney
Member of Congress



Grace Meng
Member of Congress

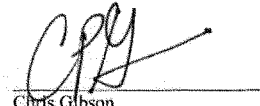



John Katko
Member of Congress

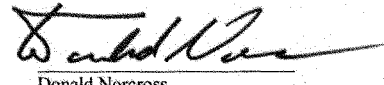



Scott Garrett
Member of Congress

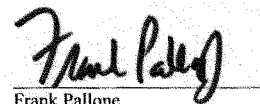

Kathleen M. Rice
Member of Congress


Chris Gibson
Member of Congress


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Member of Congress


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Member of Congress


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Member of Congress


Frank Pallone
Member of Congress

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FRANK PALLONE, JR., NEW JERSEY
RANKING MEMBER

ONE HUNDRED FOURTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115
Majority (202) 225-2927
Minority (202) 225-3841

July 7, 2015

Dr. John Howard
Director
National Institute for Occupational
Safety and Health
Centers for Disease Control and Prevention
396 E Street, S.W.
Washington, D.C. 20201

Dear Dr. Howard:

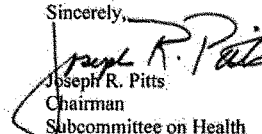
Thank you for appearing before the Subcommittee on Health on June 11, 2015, to testify at the hearing entitled "Examining H.R. 1786, James Zadroga 9/11 Health and Compensation Reauthorization Act."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

To facilitate the printing of the hearing record, please respond to these questions with a transmittal letter by the close of business on July 21, 2015. Your responses should be mailed to Graham Pittman, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C. 20515 and e-mailed in Word format to graham.pittman@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,


Joseph R. Pitts
Chairman
Subcommittee on Health

cc: The Honorable Gene Green, Ranking Member, Subcommittee on Health

Attachment

Attachment — Additional Questions for the Record

The Honorable Representative Pallone

1. What advantages do FECA rates provide the WTC Health Program that paying Medicare rates would not?
2. How does the Clinical Center of Excellence model benefit the patient population over a private provider model?
3. How does the WTC Health Program create equity/consistency for members seen through the Nationwide Provider Network versus a Clinical Centers of Excellence?
4. What challenges has the WTC Health Program faced implementing the workers' compensation recoupment provisions of the Zadroga Act?
5. The GAO stated that the inclusion of an independent peer review process is important to ensure that future decisions related to the addition of conditions to the list are equitable and credible. In the Program's view, how might the statute be changed to allow the WTC Health Program to incorporate a credible peer review process when adding conditions to the list of covered conditions?
6. In the future, should the WTC Health Program focus more on retention of current members? How can the Program balance the need for retention of current members with outreach to potential new members?

The Honorable Representative Capps

1. Dr. John Howard, can you describe how the program has influenced the way that we keep track of everyone in communities impacted by large-scale disasters like 9/11?

The Honorable Representative Lujan

Thank you to our witnesses for taking the time to provide testimony today. I'd like to take this opportunity to thank our service men and women who answer the call of duty every day and serve our communities, throughout the country and in my home state of New Mexico. As first responders you are on the front lines protecting our neighbors, friends, and family members. This was abundantly clear on September 11th, 2001 in New York, Washington, and Pennsylvania. In the aftermath of the attacks, during the rescue and recovery, the men and women on the front lines rose to the challenge. The collapse of the World Trade Centers tested the limits of our law enforcement and first responders. So many worked tirelessly day after day under difficult and dangerous conditions, and for that we thank you. We have the responsibility to ensure that their heroic work is not forgotten and that they receive the very best care for 9/11 related illnesses. It is imperative that we reauthorize the World Trade Center Program and Victims Compensation Fund for survivors and responders through this legislation.

1. In your testimony you noted that members from the World Trade Center's Health Program are represented in every state and many districts. Can you provide the numbers for New Mexico and the impact the program is having on my district, New Mexico's third Congressional district?
2. Can you speak to the importance of having this program, particularly about how healthcare providers have emerged as experts in diagnosis and treatment of 9/11 related illnesses as a result of this program?
3. Lastly you mentioned that this program focuses on understanding the long term health effects of 9/11. Can you comment on what trends are emerging from that research and what we can expect from the program moving forward?